

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000026211

1. Entity Name
BRIAN PURKEY CLEANING SERVICES, INC.



Principal Place of Business
917 SW FIRESTONE AVE.
PT. ST. LUCIE, FL 34953

Mailing Address
917 SW FIRESTONE AVE.
PT. ST. LUCIE, FL 34953



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0988308	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PURKEY, BRIAN E
917 SW FIRESTONE AVE.
PT. ST. LUCIE, FL 34953

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

1100000387758
01/19/06-80051-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME PURKEY, BRIAN E
STREET ADDRESS 917 SW FIRESTONE AVE.
CITY-ST-ZIP PT. ST. LUCIE, FL 34953

TITLE VS
NAME PURKEY, CHERYL B
STREET ADDRESS 917 SW FIRESTONE AVE.
CITY-ST-ZIP PT. ST. LUCIE, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] Vice President - CHERYL PURKEY 1/19/06 772 3367