


**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Jun 03, 2005 8:00 am
Secretary of State

05-16-2005 90203 019 ***150.00

DOCUMENT # P00000032160 1. Entity Name ALL4U CLEANING, INC.	
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Principal Place of Business 2370 MESSENGER CIRCLE SAFETY HARBOR, FL 34695	Mailing Address 2370 MESSENGER CIRCLE SAFETY HARBOR, FL 34695
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66021030



05092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3638478	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TOY, ANNETTE M 2370 MESSENGER CIRCLE SAFETY HARBOR, FL 34695

**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 Annette M. Toy *President* 5/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TOY, THOMAS 2370 MESSENGER CIRCLE SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TOY, ANNETTE M 2370 MESSENGER CIRCLE SAFETY HARBOR, FL 34695
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #