FILED
May 07, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000032160

1. Entity Name
ALL4U CLEANING, INC.

Principal Place of Business
2370 MESSENGER CIRCLE
SAFETY HARBOR, FL 34695

Mailing Address
2370 MESSENGER CIRCLE
SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE

05032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3638478

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOY, ANNETTE M
2370 MESSENGER CIRCLE
SAFETY HARBOR, FL 34695

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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
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	TOY, THOMAS
STREET ADDRESS	2370 MESSENGER CIRCLE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	P
NAME	TOY, ANNETTE M
STREET ADDRESS	2370 MESSENGER CIRCLE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Annette Toy Annette M. Toy X 5/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #