


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

06-05-2008 90001 045 \*\*\*550.00

<b>DOCUMENT # P00000040880</b>	
1. Entity Name <b>STEVE JORDAN EXCEPTIONAL CLEANING, INC.</b>	

Principal Place of Business <b>1746 Winfield Rd N CLEARWATER, FL 33756 US</b>	Mailing Address <b>1746 Winfield Rd N CLEARWATER, FL 33756 US</b>
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

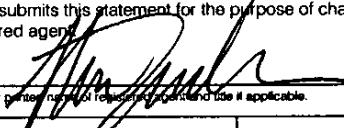
4. FEI Number <b>59-3641930</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JORDAN, STEPHEN C SR.  
9425 LAKEVIEW DR  
NEW PORT RICHEY, FL 34654**

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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  DATE **5-1-2008**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JORDAN, STEPHEN C SR. 9425 LAKEVIEW DR NEW PORT RICHEY, FL 34654</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP AUSTIN, CARLA L 9425 LAKEVIEW DR NEW PORT RICHEY, FL 34654</b>
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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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR