

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000041290**

**1. Entity Name**

**BRITE -N- CLEAN CLEANING SERVICE, INC.**



**Principal Place of Business**

**7707 TOPAY LANE  
PORT RICHEY, FL 34668**

**Mailing Address**

**P.O. BOX 1174  
NEW PORT RICHEY, FL 34656**



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-3646425**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MENICOLA, JOSEPH  
7707 TOPAY LANE  
PORT RICHEY, FL 34668**

**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 retreating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME MENICOLA, JOSEPH  
STREET ADDRESS 7707 TOPAY LANE  
CITY-ST-ZIP PORT RICHEY, FL 34668**

**TITLE SD  
NAME MENICOLA, PATRICIA  
STREET ADDRESS 7707 TOPAY LANE  
CITY-ST-ZIP PORT RICHEY, FL 34668**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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NAME  
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CITY-ST-ZIP**

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04/11/06-80007-004 150.00

**DO NOT WRITE  
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 #

1-19-06