

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000055506

1. Entity Name  
QUALITY PLUS CLEANING COMPANY



**FILED  
Jan 19, 2007 8:00 am  
Secretary of State**

01-19-2007 90024 005 \*\*\*150.00

Principal Place of Business  
12233 YELLOW BLUFF ROAD  
JACKSONVILLE, FL 32226

Mailing Address

12233 YELLOW BLUFF ROAD  
JACKSONVILLE, FL 32226

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

J U U U U U U U

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number 59-3708770	Applied For Not Applicable
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Zip

Country

Zip

Country

**\$8.75 Additional  
Fee Required**

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

NILES, LAURA E  
4321 POMPANO DR. S.E.  
ST. PETERSBURG, FL 33705

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 signing officer or director (if applicable)

(NOTE: Registered Agent signature is required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

PD  
FERNANDEZ, ISRAEL  
12233 YELLOW BLUFF ROAD  
JACKSONVILLE, FL 32226

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

Change  Addition

*VP  
Fernandez, Yolanda  
12233 Yellow Bluff Road  
Jacksonville, FL 32226*

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STD  
FERNANDEZ, YOLANDA  
12233 YELLOW BLUFF ROAD  
JACKSONVILLE, FL 32226

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY ST ZIP

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Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

Change  Addition

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

1/12/07

Daytime Phone #