

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

04-16-2007 90093 021 ***150.00

DOCUMENT # P00000069811

1. Entity Name

GLORIOUS CLEANING SERVICE INCORPORATED



Principal Place of Business

3729 CHERRY ST
PANAMA CITY FL 32401

Mailing Address

3729 CHERRY ST
PANAMA CITY FL 32401



2. Principal Place of Business - No P.O. Box #
3729 Cherry St.

3. Mailing Address
Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Panama FL

City & State

Panama FL

4. FEI Number 59-3653041

Applied For

Not Applicable

Zip

32401

Country

USA

Zip

32401

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, LISA A
1014 HAMILTON AVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name - LISA FRANKLIN

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

1014 HAMILTON AVE

City Panama

FL

Zip Code 32401

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

April 12, 2007

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	RA	<input type="checkbox"/> Delete
NAME	FRANKLIN, LISA	
STREET ADDRESS	1014 HAMILTON AVE	
CITY - ST - ZIP	PANAMA FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA Franklin	
STREET ADDRESS	1014 HAMILTON AVE	
CITY - ST - ZIP	Panama Florida 32401	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Franklin	
STREET ADDRESS	1014 HAMILTON AVE	
CITY - ST - ZIP	Panama City Florida 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lisa Franklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 25, 2007 850-872-9947