2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P00000070375



FILED Apr 22, 2005 8:00 am Secretary of State 04-22-2005 90274 009 ***150.00

JEFF'S C		LEANING,	INC.								
Principal Place of Business C/O JEFFERY LIGHTMAN 2931 NW 68 STREET FT. LAUDERDALE, FL 33309				Mailing Address C/O JEFFERY LIGHTMAN 2931 NW 68 STREET FT. LAUDERDALE, FL 33309							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			- - ~04122005=	——Chg-P∹	∽CR2E03	34 (10/03) -	· ···
City & State				City & State			4. FEI Numb-			_ 	plied For t Applicable
Zip		Country		Zip	Countr	У	5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name	and Address of	Current Re	gistered Agent			7. Name and	Address of New F	Registered A	gent	
LIGHTMAN	LIGHTMAN, JEFFERY					Name					
7168 S. GATE BLVD. TAMARAC, FL 33321					Street Address	Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Code	e
	named entity		itement for th	ne purpose of changing its	registered	d office or registe	ered agent, or bo	th, in the State of Fl		I amiliar with,	and accept
SIGNATURE	Signature, typed o	y ponted name of regi	slered agent and	tille if applicable. (NOT	ΓΕ: Registereσ	Agent signature require	d when reinstaling)		DATE		
	M- Q-										
		FEE IS \$150 Fee will be		9. Election Campa Trust Fund Con			6.00 May Be ded to Fees				
10.		. OFFICE	ERS AND DI	RECTORS	11.		ADDITIONS	L /CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
TITLE	p=		·/	——————————————————————————————————————	TITLE-					Change -	- E Addition
NAME STREET ADDRESS		N, JEFFREY ATE BLVD.			NAME	T ADDRESS					
CITY-ST-ZIP	[C, FL 33321	A.		CITY-S	I					
TITLE		.,		Delete	TITLE		·, ·, ·, ·, · · · · · · · · · · · · · ·			☐ Change	Addition
NAME					NAME						
STREET ADDRESS CITY-ST-ZIP					STREET CITY-S	T ADDRESS ST-ZIP					
TITLE				☐ Delete	TITLE					☐ Change	Addition
NAME CIRCET ADDRESS					NAME STREE	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP					CITY-S	·					
TITLE				☐ Delete	TITLE					☐ Change	Addition .
NAME					NAME					_ -	
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP					CITY-5	S1-ZIP					
TITLE				Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP					CITY-	l l					
TITLE				☐ Delete	TITLE				****	☐ Change	Addition
NAME				7 * * . <u></u>	NĀME		-			• *	
STREET ADDRESS			•			T ADDRESS					
CITY-ST-ZIP	<u> </u>				CITY-						
indicated	t on this renor	t or supplement:	al report is tr	his filing does not qualify for tue and accurate and that rered to execute this repor thigh other like egripowered	my signati	ire shall have the	same lenal effe	of as if made under	nath: that La	m an officer	or director