## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 12, 2007 8:00 am DOCUMENT # P00000072455 **Secretary of State** 02-12-2007 90110 026 \*\*\*150.00 G & C CLEANING SERVICE, INC. Principal Place of Business Mailing Address 4384 COLETTE DRIVE 4384 COLETTE DRIVE TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 65-1026203 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANTEO CARLOS ANTEO, CARLOS 45 WILLOW RD TEQUESTA FL 33469 4384 COLETTEDR 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, CARIOS ANTED PRISEDENT 01-31-07 Stanature, lyped or p ame of registered agent and title it applicable (NOTE Registered Agent signature required when redistating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 100 ☐ Delete TITLE ☐ Change ANTEO, CARLOS NAMI NAMI 4384 COLETTE DRIVE STREET ADDIOLSS. STREET ADDRESS TEQUESTA FL 33469 CITY ST ZIP CHY ST 7IP Addition 11111 ☐ Delete THLL ☐ Change ANTEO, GLADYS NAMI 4384 COLETTE DRIVE STREET ADDRESS STREET ADDRESS TEQUESTA FL 33469 CHY-ST ZIP CHY SL ZIP ☐ Delete HHU ☐ Change Addition ANTEO, CARLOS C NAMI NAM **5826 37TH STREET** STREET ADDRESS STREET ADDRESS CHY ST-762 **GREENACRES FL 33461** CITY ST ZIP Delete Addition 1000 ☐ Change HITE MAZZOLA, CECILIA NAMI **5826 37TH STREET** STREET ADDRESS STREET ADDRESS GREENACRES FL 33461 CHY-S1-7IP CITY ST /IP ☐ Defete ☐ Change ■ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY SI-ZIP HITE Change ☐ Addition 1010 Delete NAME NAMI STREET ADDRESS STINE LADDRESS CHY-S1-ZIP 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 eath; 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

all other like empowered

if changed, or on an attachment with an address,

SIGNATURES

FILED

Caytime Phone #