

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000082255**

1. Entity Name  
**THE CLEANING LADY, INC.**



Principal Place of Business  
**4112 BELL TOWER COURT  
BELLE ISLE, FL 32812**

Mailing Address  
**4112 BELL TOWER COURT  
BELLE ISLE, FL 32812**



01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3670230**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**JANE, DAKSHANUMI M  
4112 BELL TOWER COURT  
BELLE ISLE, FL 32812**

**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

*Dakshamuni M. Jane* **DAKSHANUMI M. JANE**

**2.14.07**

Signature typed or printed name of registered agent or applicant

(NOTE: Registered Agent signature required when reinstating)

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**

TITLE	PD
NAME	JANE, MUNECA O
STREET ADDRESS	4112 BELL TOWER COURT
CITY-ST-ZIP	BELLE ISLE, FL 32812
TITLE	STD
NAME	JANE, DAKSHAMUNI M
STREET ADDRESS	4112 BELL TOWER COURT
CITY-ST-ZIP	BELLE ISLE, FL 32812
TITLE	VD
NAME	JANE, DAKSHAMUNI
STREET ADDRESS	4112 BELL TOWER COURT
CITY-ST-ZIP	BELLE ISLE, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000638120  
02/27/07-80017-018 150.00

**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: X

*Dakshamuni M. Jane* **The President**

**2.14.07**

**407.856.4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #