


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000103875 1. Entity Name DOLLY'S POOL CLEANING, INC.																													
Principal Place of Business 11221 105TH AVE N LARGO, FL 33778			Mailing Address 11221 105TH AVE N LARGO, FL 33778																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3687758 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01242008 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent MCLAUGHLIN, DENISE 11221 105TH AVENUE N LARGO, FL 33778			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCLAUGHLIN, DENISE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11221 105TH AVE N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33778</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	MCLAUGHLIN, DENISE		STREET ADDRESS	11221 105TH AVE N		CITY-ST-ZIP	LARGO, FL 33778		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>U000000809543</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>02/08/08-80024-019 150.00</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	U000000809543		STREET ADDRESS	02/08/08-80024-019 150.00		CITY-ST-ZIP		
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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 <i>Denise McLaughlin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DENISE MCLAUGHLIN Date <i>1/28/08</i> Daytime Phone # <i>727-398-1933</i>																													