

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90124 044 \*\*\*150.00

**DOCUMENT # P01000020687**

1. Entity Name

SUSAN WHITE'S CLEANING SERVICES, INC.



Principal Place of Business

25 BAY RD.  
OCKLAWAHA FL 32813

Mailing Address

P. O. BOX 1133  
OCKLAWAHA FL 32183

2. Principal Place of Business

3. Mailing Address

PO Box 1722

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocklawaha, FL

Zip

Country

Zip

Country

32183

Marion

4. FEI Number

59-3704643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, SUSAN  
25 BAY RD.  
OCKLAWAHA FL 32813

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	WHITE, SUSAN	
STREET ADDRESS	25 BAY RD.	
CITY-ST-ZIP	OCKLAWAHA FL 32813	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, SUSAN	
STREET ADDRESS	25 BAY RD.	
CITY-ST-ZIP	OCKLAWAHA FL 32813	
TITLE		<input type="checkbox"/> Delete
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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:

*Susan White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-06

Date

Daytime Phone #