

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P01000023369

1. Entity Name

SHEREE D. BREWER CLEANING SERVICES, INC.



Principal Place of Business  
9404 NORTH EDISON AVE  
TAMPA FL 33612

Mailing Address

P O BOX 16226  
TAMPA FL 33687-6226

2. Principal Place of Business

1315 W. YUKON STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

4. FEI Number

59-3701432

Applied For

Not Applicable

Zip

33604

Country

Hills.

Zip

Country

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

6. Name and Address of Current Registered Agent

TAMPA ACCOUNTING  
17121 MORRIS BRIDGE RD  
THONOTOSASSA FL 33592

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  \$5.00 May Be Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BREWER, SHEREE D  
STREET ADDRESS 9404 NORTH EDISON AVE  
CITY-ST-ZIP TAMPA FL 33612

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE T  
NAME JORGE, SANTOS  
STREET ADDRESS 6501 ALTA MONTE DR  
CITY-ST-ZIP TAMPA FL 33634

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE S  
NAME VANEGOS, MARTHA  
STREET ADDRESS 6501 ALTA MONTE DR  
CITY-ST-ZIP TAMPA FL 33634

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SHEREE D. BREWER

*Sheree D. Brewer*

3-01-05 813 508 1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
May 04, 2005 8:00 am  
Secretary of State**

05-04-2005 90105 039 \*\*\*150.00



1st MOORE CR2E034 (10/04)