

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90316 020 ***150.00

DOCUMENT # P01000023369

1. Entity Name

SHEREE D. BREWER CLEANING SERVICES, INC.



Principal Place of Business

1315 W YUKON STREET
TAMPA FL 33604

Mailing Address

P O BOX 16226
TAMPA FL 33687-6226



2. Principal Place of Business

1317 W HUMPHREY ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33604

Country

HILLS

Zip

33604

Country

USA

4. FEI Number

59-3701432

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

TAMPA ACCOUNTING
17121 MORRIS BRIDGE RD
THONOTOSASSA FL 33592

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

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

(NOTE: Registered Agent signature required when certifying)

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D. ☒ Change ☐ Addition
NAME BREWER, SHEREE D
STREET ADDRESS 1317 W. HUMPHREY ST.
CITY-ST-ZIP TAMPA FLORIDA 33604

TITLE V.P. ☐ Change ☒ Addition
NAME RACHAEL SLOANE
STREET ADDRESS 1317 W. HUMPHREY ST.
CITY-ST-ZIP TAMPA FL. 33604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Sherée D. Brewer*

SHEREE D. BREWER

3-06-06

(913)
508-1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #