

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000028420

1. Entity Name
TWIN BROTHERS CLEANING SERVICE, INC.



**FILED
Mar 13, 2006 8:00 am
Secretary of State**

03-13-2006 90077 024 ***150.00

40029753



01182006 Chg-P CR2E034 (11/05)

Principal Place of Business
13339 COPPER AVENUE
PORT CHARLOTTE, FL 33981

Mailing Address

13339 COPPER AVENUE
PORT CHARLOTTE, FL 33981

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-1089801

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

DICKINSON, ROBERT A
460 S. INDIANA AVENUE
ENGLEWOOD, FL 34223

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, 2006 Fee will be \$550.00**

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 D Delete
NAME DRAHOS, JOSEPH W
STREET ADDRESS 13339 COPPER AVENUE
CITY-ST-ZIP PORT CHARLOTTE, FL 33981

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP Delete
NAME DRAHOS, JOHN
STREET ADDRESS 5311 LEVY LN
CITY-ST-ZIP PORT CHARLOTTE, FL 33981

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/06

941-697-6265

Date

Daytime Phone #