## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 10, 2006 8:00 am Secretary of State DOCUMENT # P01000046708 1. Entity Name 02-10-2006 90020 024 \*\*\*163.75 WINFRED COMMERCIAL CLEANING, INC. Principal Place of Business Mailing Address 1620 SURREY TRAIL 1620 SURREY TRAIL WIMAUMA FL 33598 WIMAUMA FL 33598 2. Principal Place of Business 3. Mailing Address P.O. BOX 158 30 North Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 59-3718047 Not Applicable Pol K \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gerald PLESS, GERALD Street Address (P.O. Box Number is Not Acceptable) 1620 SURREY TRAIL WIMAUMA FL 33598 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. President-FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DPT TGG ☐ Addition TITLE ☐ Delete TITLE PLESS, GERALD NAME NAME Po. Box 158 1620 SURREY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WIMAUMA FL 33598 CITY-ST-ZIP DVS ☐ Delete Change TITLE TITLE ☐ Addition NAME PLESS, MARY HAME P.O. BOX 158 STREET ADDRESS 1620 SURREY TRAIL STREET ADDRESS CITY-ST-ZIE WIMAUMA FL 33598 CITY-ST-ZIP 7171 F TITI E ☐ Change Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not quality 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED