


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90109 002 ***150.00

DOCUMENT # P01000047303	
1. Entity Name MASTERCLEAN OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business 9230 CEDAR CREEK DR. BONITA SPRINGS FL 34135	Mailing Address 9230 CEDAR CREEK DR. BONITA SPRINGS FL 34135
---	---



2. Principal Place of Business 9325 La Playa Ct #1824 Suite, Apt. #, etc. a	3. Mailing Address 9325 La Playa Ct #1824 Suite, Apt. #, etc. Bonita Springs, FL
City & State Bonita Springs, FL	City & State 34135
Zip 34135	Country LEE

1st MOORE CR2E034 (10/04)

4. FEI Number 59-3719667	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, JAMIE LEA 9230 CEDAR CREEK DR. BONITA SPRINGS FL 34135	
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: *Jamie L. Murphy* *president*
(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 Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST	NAME MURPHY, JAMIE LEA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9230 CEDAR CREEK DR.	CITY-ST-ZIP BONITA SPRINGS FL 34135		
TITLE C	NAME MURPHY, PATRICK C	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9230 CEDAR CREEK DR	CITY-ST-ZIP BONITA SPRINGS FL 34135		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jamie L. Murphy* *4/28/05* *4458819*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #