## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000059492

1. Entity Name
CLEANCO OF KISSIMMEE, INC.



Principal Place of Business

2571 SUMMERLAND WAY KISSIMMEE, FL 34746

Mailing Address

2248 WYNDAM WAY KISSIMMEE, FL 34743 FILED Feb 22, 2007 08:00 AM Secretary of State

Daytime Phone #



DO NOT WRITE IN THIS SPACE

02152007 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
59-3726734		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SIERRA, MANUEL A 2571 SUMMERLAND WAY KISSIMMEE, FL 34746

## DO NOT WRITE IN THIS SPACE

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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							
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIERRA, MANUEL A 2571 SUMMERLAND WAY KISSIMMEE, FL 34746			,	U00000643356 03/01/07-80082-017 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE JESUS, AMALIA 2571 SUMMERLAND WAY KISSIMMEE, FL 34746		,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE		
NAME STREET ADDRESS CITY-SI-ZIP			9				
NAME STREET ADDRESS CITY-ST-ZIP		****					
12. Thereby 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.							

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR