

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90098 021 ***150.00

DOCUMENT # P01000066402

1. Entity Name
BEST CHOICE CLEANING, INC



Principal Place of Business
**8805 TAMiami TR. N., #310
NAPLES, FL 34108**

Mailing Address
**77 EMERALD WOOD DR, #1-2
NAPLES, FL 34108**

50048830



2. Principal Place of Business

9664 8th St North

3. Mailing Address

7502 San Gabriel Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005

Chg-P

CR2E034 (10/03)

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number
59-3731180

Applied For

Not Applicable

Zip

Country

34108

Zip

Country

34108

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

**CULAK, MIROSLAV
9664 8TH ST NORTH
NAPLES, FL 34108**

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, 2005 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 ☐ Delete
NAME **D**
STREET ADDRESS **CULAK, MIROSLAV**
CITY-ST-ZIP **9664 8TH ST NORTH
NAPLES, FL 34108**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-05 239-594-8393