


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000071613**  
 1. Entity Name  
**DEBORAH SOMMERS CLEANING, INC.**



Principal Place of Business      Mailing Address  
**1311 DANBURY STREET SW.**      **1311 DANBURY ST SW**  
**PALM BAY, FL 32908**              **PALM BAY, FL 32908**

**DO NOT WRITE IN THIS SPACE**



02092005      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**59-3733954**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SOMMERS, DEBORAH**  
**1311 DANBURY ST SW**  
**PALM BAY, FL 32908**

**DO NOT WRITE IN THIS SPACE**

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: *Deborah Sommers*      DATE: **2/19/05**

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOMMERS, DEBORAH 1311 DANBURY STREET S.W. PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOMMERS, WILLIAM JR. 1311 DANBURY STREET S.W. PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOMMERS, WILLIAM SR 1235 WATERWAY ST SW PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/31/05-80016-1119 150.00

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: *Deborah Sommers*      DATE: **2/19/05**      DAYTIME PHONE #: **321-720-3681**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #