2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000084593

DYNAMIC CLEANING, INC.



FILED Mar 24, 2008 08:00 A Secretary of State

Principal Place of Business

DYNAMIC CLEANING 10408 SANDLER ROAD JACKSONVILLE, FL 32222 Mailing Address

DYNAMIC CLEANING 10408 SANDLER ROAD JACKSONVILLE, FL 32222



DO NOT WRITE IN THIS SPACE

03172008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3742223 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SHIVERS, LORRAINE 10408 SANDLER ROAD JACKSONVILLE, FL 32222

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep-	
SIGNATURE_	Signature, typed or printed name of registered agent and title	† applicable. (NOTE: Registered A	gent signatur	e required when reinstating)	DATE	
FIL After Ma	E NOWI!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🖂	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			Hannapetace	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDVP PADGETT, PATRICIA D 5882 PRINGLE RD BRYCEVILLE, FL 32009		•	000000867955 04/08/08-80092-016 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRA SHIVERS, LORRAINE 10408 SANDLER RD JACKSONVILLE, FL 32222					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME SIREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR