## 2005 FOR PROFIT CORPORATION

## **FILED** Apr 27, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000099976 1. Entity Name DIANA'S CLEANING COMPANY, INC. Principal Place of Business Mailing Address POST OFFICE BOX 843 PÚST OFFICE BOX 843 PONTE VEDRA BEACH, FL 32004 PONTE VEDRA BEACH, FL 32004 01212005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3760687 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DEMPSEY, DIANA DO NOT WRITE 2372 CYPRESS LANDING DRIVE ATLANTIC BEACH, FL 32233 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. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DEMPSEY, DIANA NAME POST OFFICE BOX 843 STREET ADDRESS PONTE VEDRA BEACH, FL 32004 CITY ST-ZIF 04/27/05-80122-008 150.00 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIFLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 in the composition of 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 in the composition of the corporation or or an attachment with an address, with all other like empowered.

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STREET ADDRESS CITY ST-ZIP

4.22.05

Daytime Phone #