

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000027111

1. Entity Name
MCDONALD'S CLEANING SERVICES INC.



FILED
04 MAY 13 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2017 SPRINGCREEK HWY
CRAWFORDVILLE, FL 32327

Mailing Address
2017 SPRINGCREEK HWY
CRAWFORDVILLE, FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022004

Chg-P

CR2E034 (10/03)

4. FEI Number

01-0623903

Applied For

Not Applicable

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

MCDONALD, JOSEPH E
2017 SPRINGCREEK HWY
CRAWFORDVILLE, FL 32327

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

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCDONALD, JOSEPH E
2017 SPRINGCREEK HWY
CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FLOYD, KRISTINE P
2017 SPRINGCREEK HWY
CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

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 #

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Gerry O. Touchton, Jr.
31 Stash Pine
Crawfordville, FL 32327 ☐ Change ☒ Addition

Gerry O. Touchton Jr. 5/5/04 (850) 228-2089

tn