


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P02000027111</b><br>1. Entity Name<br><b>MCDONALD'S CLEANING SERVICES INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>2017 SPRING CREEK HWY.<br/>CRAWFORDVILLE FL 32327</b> | Mailing Address<br><b>2017 SPRING CREEK HWY.<br/>CRAWFORDVILLE FL 32327</b> |
|---|---|



1st MOORE CR2E034 (10/04)

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br>Zip Country | City & State<br>Zip Country |
|-----------------------------|-----------------------------|

|   |  |
|---|--|
| 4. FEI Number <b>01-0623903</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MCDONALD, JOSEPH E<br/>2017 SPRING CREEK HWY.<br/>CRAWFORDVILLE FL 32327</b> |
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|  |
|--|
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|   |
|---|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | <input type="checkbox"/> Delete<br><b>P</b><br>MCDONALD, JOSEPH E<br>2017 SPRING CREEK HWY.<br>CRAWFORDVILLE FL 32327 |
| TITLE                      | <input type="checkbox"/> Delete<br><b>V</b><br>MCDONALD, JILL C<br>2017 SPRING CREEK HWY.<br>CRAWFORDVILLE FL 32327   |
| TITLE                      | <input type="checkbox"/> Delete<br><b>S</b><br>GRETHE, DAVID<br>57 DAKOTA DRIVE<br>CRAWFORDVILLE FL 32327             |
| TITLE                      | <input type="checkbox"/> Delete<br>_____<br>_____<br>_____  |
| TITLE                      | <input type="checkbox"/> Delete<br>_____<br>_____<br>_____  |
| TITLE                      | <input type="checkbox"/> Delete<br>_____<br>_____<br>_____  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000326600</b><br><b>04/25/05-80004-006 150.00</b> |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>_____<br>_____<br>_____                                  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>_____<br>_____<br>_____                                  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>_____<br>_____<br>_____                                  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Jill C. McDonald Jill C. McDonald 4-22-05 850-228-2083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #