

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000027111

1. Entity Name  
MCDONALD'S CLEANING SERVICES INC.



Principal Place of Business  
2017 SPRING CREEK HWY.  
CRAWFORDVILLE, FL 32327

Mailing Address  
2017 SPRING CREEK 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

11272006

Chg-P

CR2E034 (11/05)

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

MCDONALD, JOSEPH E  
2017 SPRING CREEK HWY.  
CRAWFORDVILLE, FL 32327

## 7. Name and Address of New Registered Agent

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

TITLE P  
NAME MCDONALD, JOSEPH E  
STREET ADDRESS 2017 SPRING CREEK HWY.  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE S  
NAME HOWELL, ALICIA  
STREET ADDRESS 10249 SYPHON DR  
CITY-ST-ZIP TALLAHASSEE, FL 32305 ☒ Delete

TITLE T  
NAME SHIVER, CYNTHIA  
STREET ADDRESS 558 ROCK RD  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200082549202  
12/14/06--01042--009 \*\*\*70.00

TITLE VP  
NAME Jill McDonald  
STREET ADDRESS 2017 Spring Creek Hwy  
CITY-ST-ZIP Crawfordville, FL 32327 ☐ Change ☒ Addition

TITLE Treasurer  
NAME Shiver, Cynthia  
STREET ADDRESS 1106 Bonnie Lake Cir  
CITY-ST-ZIP Crawfordville FL 32327 ☒ Change ☐ Addition

TITLE Secretary  
NAME Allison Carol  
STREET ADDRESS 3 Callahan Dr.  
CITY-ST-ZIP Crawfordville FL 32327 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-06

Date

850-228-2093

Daytime Phone #

FILED

2006 DEC 14 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

