


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000048311		
1. Entity Name HORACE CAMPBELL CLEANING SERVICE CO.		
Principal Place of Business 1056 JACARANDA CIRCLE ROCKLEDGE, FL 32955	Mailing Address 1056 JACARANDA CIRCLE ROCKLEDGE, FL 32955	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CAMPBELL, RACHEL 1056 JACARANDA CIRCLE ROCKLEDGE, FL 32955		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMPBELL, HORACE 1056 JACARANDA CIRCLE ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAMPBELL, RACHEL 1056 JACARANDA CIRCLE ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0071046

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

U000000385020
01/17/06-80039-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Rachel Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/06 (321) 632-2033