2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000068583

FORMOSAS' CLEANING SERVICE, INC.

FILED Mar 02, 2006 08:00 Al Secretary of State

Principal Place of Business 621 SE 36TH ST CAPE CORAL, FL 33904

Mailing Address

621 SE 36TH ST

CAPE CORAL, FL 33904 US



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01112006 No Chg-P

Applied For 4. FEI Number 05-0522103 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

FORMOSA, HEATHER L 621 SE 36TH ST CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

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|---------------------------------------|---|---|----------------|--------------------------------|--|---------------------|
| | named entity submits this statement for the pions of registered agent. | ourpose of changing its registered | office or r | egistered agent, or b | oth, in the State of Florida. I am familla | ır with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | lt applicable, (NOTE Registered Å) | ent signatur | e required when reinstaling) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Financia Trust Fund Contribution. | ng 🔲 | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | = |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | D FORMOSA, HEATHER L PRESIDE 621 SE 36TH ST CAPE CORAL, FL 33904 | | | | | |
| TITLE NAME STREET ADDRESS | D FORMOSA, MICHAEL A VP 621 SE 36TH ST | | | | U00000453497 03/14/06-80024-008 | 150.00 |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC HEATHER, FORMOSA L SEC 621 SE 36TH ST CAPE CORAL, FL 33904 | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA MICHAEL, FORMOSA A TREASUR 621 SE36TH ST CAPE CORAL, FL 33904 | | | IN | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | V , S S | | | • | |

12. I hereby certify that the information supplied with this filling 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 peport 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

12-28-06