

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2008 08:00 AM
Secretary of State**

DOCUMENT # P02000071987

1. Entity Name
PATRIOT COMMERCIAL CLEANING SERVICE, INC.



Principal Place of Business
**1142 FALCON RIDGE LN
PALM HARBOR, FL 34683**

Mailing Address
**1142 FALCON RIDGE LN
PALM HARBOR, FL 34683**



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1544803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANGELO, JOHN D
1142 FALCON RIDGE LN
PALM HARBOR, FL 34683**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000923261
05/16/08-80024-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANGELO, JOHN D 1142 FALCON RIDGE LN PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANGELO, JOSEPHINE E 1142 FALCON RIDGE LN PALM HARBOR, FL 34683
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: Josephine Angelo / Josephine Angelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08 727-771-1393
Date Daytime Phone #