

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90017 018 \*\*\*150.00

**DOCUMENT # P02000099099**

1. Entity Name  
**COMPLETE CLEANING, INC.**



Principal Place of Business  
**705 TORIA LANE  
SAINT AUGUSTINE, FL 32095**

Mailing Address  
**705 TORIA LANE  
SAINT AUGUSTINE, FL 32095**

2. Principal Place of Business - No P.O. Box #

**463 Cape May Avenue / 463 Cape May Ave.**

3. Mailing Address

Suite, Apt. #, etc.

02172008

Chg-P

CR2E034 (12/06)

City & State

**Ponte Vedra, FL**

City & State

**Ponte Vedra, FL**

4. FEI Number

**51-0425716**

Applied For

Not Applicable

Zip  
**32081**

Country

**St. Johns**

Zip  
**32081**

Country

**St. Johns**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ESTBERG, TAMI K  
705 TORIA LANE  
SAINT AUGUSTINE, FL 32095**

7. Name and Address of New Registered Agent

Name  
**ESTBERG, TAMI K**  
Street Address (P.O. Box Number is Not Acceptable)  
**463 Cape May Avenue**  
City  
**Ponte Vedra FL** Zip Code  
**32081**

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

*Tami K Estberg*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-18-08**

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDS  
ESTBERG, TAMI K  
110 NAUTILUS LANE  
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VDT  
ESTBERG, JAMIE P  
110 NAUTILUS LANE  
PONTE VEDRA BEACH, FL 32082** ☐ 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

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

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

TITLE  
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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:

*Tami K Estberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-18-08**

Date

Daytime Phone #