



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

04-30-2008 90162 048 ***150.00

DOCUMENT # P03000002044 1. Entity Name HALEY'S CLEANING SERVICE, INC.			
Principal Place of Business 4739 OLD FARM ROAD SARASOTA, FL 34233		Mailing Address 4739 OLD FARM ROAD SARASOTA, FL 34233	
DO NOT WRITE IN THIS SPACE		66012105 	
		04102008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 06-1674851	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDI, LES CPA 7061 S. TAMiami TRAIL SARASOTA, FL 34231-5559		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 reissuing) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD BIELOWCZ, TED 4739 OLD FARM ROAD SARASOTA, FL 34233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIELOWCZ, HALINA 4739 OLD FARM ROAD SARASOTA, FL 34233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5/1/08 Daytime Phone # 941 228-6308	