

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90054 008 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P03000008575 1. Entity Name F & J CLEANING SERVICE CORPORATION | | | | | |
| Principal Place of Business 27499 RIVERVIEW CENTER BLVD. 201 BONITA SPRINGS, FL 34134 | | | Mailing Address 27499 RIVERVIEW CENTER BLVD. 201 BONITA SPRINGS, FL 34134 | | |
| 2. Principal Place of Business 2908 5th St W Suite, Apt. #, etc. | | 3. Mailing Address 2908 5th St W Suite, Apt. #, etc. | | | |
| City & State Lehigh Acres FL | | City & State Lehigh Acres FL | | 4. FEI Number 33-1041354 | |
| Zip 33971 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MALDONADO, JUDYTH 112 STAFFORD PLACE LEHIGH ACRES, FL 33936 | | | | 7. Name and Address of New Registered Agent Name Judyth maldonado Street Address (P.O. Box Number is Not Acceptable) 2908 5th St W City Lehigh Acres FL Zip Code 33971 | |
| 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 <u>Judyth Maldonado</u> DATE <u>3/30/05</u> <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, 2005 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MALDONADO, JUDYTH 112 STAFFORD PLACE LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Judyth maldonado 2908 5th St W Lehigh Acres FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MALDONADO, FRANCISCO 112 STAFFORD PLACE LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Francisco maldonado 2908 5th St W Lehigh Acres FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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> | | | | | |
| | | | | <small>Date</small> _____ <small>Daytime Phone #</small> _____ | |