

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90142 030 ***150.00

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02212005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000013869					
1. Entity Name PROFESSIONAL CLEANING CORPORATION, INC.					
Principal Place of Business 4717 47TH WAY WEST PALM BEACH, FL 33407			Mailing Address 4717 47TH WAY WEST PALM BEACH, FL 33407		
2. Principal Place of Business 2532 OLD Okeechobee RD Suite 14		3. Mailing Address 2532 OLD Okeechobee RD Suite 14			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 06-1677183	
Zip 33409		Country PALM BEACH		Applied For Not Applicable	
Zip 33409		Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORBES, TRACEY 4717 47TH WAY WEST PALM BEACH, FL 33407				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				2532 OLD Okeechobee RD	
				City WEST PALM BEACH	
				FL	
				Zip Code 33409	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00-			9. Election Campaign Financing <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	PVPS FORBES, TRACEY 4717 47TH WAY WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, S TRACEY FORBES 2532 OLD Okeechobee RD WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Tracey Forbes</i>			PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-4-05 (561) 684-2949		