


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90186 028 ***150.00

DOCUMENT # P03000019358

1. Entity Name
CLEANING DETAILS, INC.



Principal Place of Business Mailing Address

**5717 STONE POINT DR
 SARASOTA, FL 34233** **5717 STONE POINT DR
 SARASOTA, FL 34233**

2. Principal Place of Business 3. Mailing Address

4101 Winners Cir. **4101 Winners Cr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

123 **123**

City & State City & State

Sarasota, FL. **FT. SARASOTA**

Zip Country Zip Country

34238 **USA** **34238** **USA**



02202005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**MYERS, BRENT J PA
 3859 BEE RIDGE RD STE 101
 SARASOTA, FL 34233**

7. Name and Address of New Registered Agent

Name **JUDY A. MIDILI, President**

Street Address (P.O. Box Number is Not Acceptable) **4101 WINNERS CR. #123**

City **SARASOTA** FL Zip Code **34238**

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: **Judy A. Midili, President** DATE: **4/22/05**

Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	MIDILI, JUDY	5717 STONE POINT DR	SARASOTA, FL 34233	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Judy A. Midili, President** DATE: **4/22/05** DAYTIME PHONE #: **356-5942**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUDY A. MIDILI