

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000037156

1. Entity Name
EGNER EXTERIOR CLEANING, INC.



Principal Place of Business
1208 GIBSON STREET
LEESBURG, FL 34748

Mailing Address
1208 GIBSON STREET
LEESBURG, FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11212005

Chg-P

CR2E034 (00/03)

4. FEI Number
55-0824582

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EGNER, PHILLIP
1208 GIBSON STREET
LEESBURG, FL 34748

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME EGNER, PHILLIP
STREET ADDRESS 1208 GIBSON STREET
CITY-ST-ZIP LEESBURG, FL 34748 ☐ Delete

TITLE D
NAME Miller, Adam
STREET ADDRESS 1208 Gibson Street
CITY-ST-ZIP Leesburg FL 34748 ☐ Change ☒ Addition

TITLE PD
NAME RAY, KENNY, J
STREET ADDRESS 1208 GIBSON STREET
CITY-ST-ZIP LEESBURG, FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400061790364
11/30/05--01036--001 **61.25 ☐ Change ☐ Addition

TITLE DO
NAME WOODRUM, JASON
STREET ADDRESS 1208 GIBSON STREET
CITY-ST-ZIP LEESBURG, FL 34748 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T Roberts NOV 30 2005