
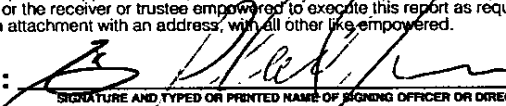


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000037156</b> 1. Entity Name <b>EGNER EXTERIOR CLEANING, INC.</b>					
Principal Place of Business <b>1208 GIBSON STREET LEESBURG, FL 34748</b>		Mailing Address <b>1208 GIBSON STREET LEESBURG, FL 34748</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>55-0824582</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>EGNER, PHILLIP 1208 GIBSON STREET LEESBURG, FL 34748</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD EGNER, PHILLIP 1208 GIBSON STREET LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller, Adam 1208 Gibson Street Leesburg FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAY, KENNY, J 1208 GIBSON STREET LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400061790364 11/30/05--01036--001 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO WOODRUM, JASON 1208 GIBSON STREET LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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:  DATE: <b>11/23/05</b> Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**FILED**  
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