2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 05, 2007 08:00 AM DOCUMENT # P03000046570 **Secretary of State** DEJAY'S CLEANING SERVICES, INC. Principal Place of Business Mailing Address 2422 NW EUCALYPUS AVENUE 2422 NW EUCALYPUS AVENUE ARCADIA FL 34266 ARCADIA FL 34266 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 13-4248596 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISAAC, ROSEVELT S SR. Street Address (P.O. Box Number is Not Acceptable) 347 SOUTH ORANGE AVENUE ARCADIA FL 34266 City 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. 2-1-07 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. U00000523599 □ change □ Addition 02/13/07-80076-011 150.00 THEF Delete HILE WILSON, DEBRA J NAME NAME 2422 EUCALYPTUS AVE. STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY ST-ZIP CHY-ST-ZIP Delete Addition HILE Change WILSON, HARLAN L NAME 2422 EUCALYPTUS AVE. STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY ST-ZIP CITY-ST-ZIP HILE ☐ Delete THE ☐ Change Addition JAYROE, KRISTINA . NAME NAME _ 2422 EUCALYPTUS AVE. STREET ADDRESS STREET ADDRESS CITY ST-ZIF ARCADIA FL 34266 CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete TIME ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

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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 eath; 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.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: HARLAN L. W. L. SON, Starley Wilson 1/27/07 863-990-9705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DESCRIPTION DESCRIPTION OF DESCRIPTI