


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90004 025 ***150.00

DOCUMENT # P03000058689 1. Entity Name MRS. CLEAN IT, INC.			
Principal Place of Business 2692 FOUNTAIN VIEW CIRCLE #108 NAPLES, FL 34109		Mailing Address 2692 FOUNTAIN VIEW CIRCLE #108 NAPLES, FL 34109	
2. Principal Place of Business 8097 Tauren Ct. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Naples, FL		City & State City: _____ State: _____	
Zip 34119		Country Collier	
4. FEI Number 20-0091932		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALVEZ, MIRELLA 2692 FOUNTAIN VIEW CIRCLE 108 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): 8097 Tauren Ct. City: Naples State: FL Zip Code: 34119	
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 renaming) DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P GALVEZ, MIRELLA 2692 FOUNTAIN VIEW CIRCLE #108 NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 8097 Tauren Ct. Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #: _____			