## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000072844

06-20-2005 90004 010 · · · 150.00 P03000072844

FILED

1. Entity Name INTERNATIONAL CLEANING SERVICE OF WINTER HEAVEN, INC.						<b>)</b>	05 00T -6 Pi; 3: 54				
Principal Place of Business Mailing Address						<b>∃</b> . ⋅ΓΑ	ali <b>y</b> uassee	E, FLOR	IDA -		
608 TAYLOR BOULEVARD 608 TAYLOR BOULEVAR WINTER HAVEN, FL 33880 WINTER HAVEN, FL 338						,					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. *, etc.		Suite, Apt. 4, etc.			06142005	Chg-P	CR2E03	4 (10/03)			
City & State		City & State		4. FEI Numb 59-344			-	optied For at Applicable			
Zip Country		Zip			5. Certificate	of Status Desired		8.75 Add ee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
GARCIA, CARMEN P MRS. 608 TAYLOR BOULEVARD					Name Street Address	s (P.O. Boy Numb	er is Not Acceptable	· · · · · · · · · · · · · · · · · · ·	<del></del>		
WINTER H				Street Accress (			BI IS TWO MCCOPIEGOS	, 	<u> </u>		
					City			FL	Zip Code	9	
	named entitions of regist		r the purpose of changing its	registere	d office or regis	stered agent, or bo	th, in the State of Flo	rida. I am ta	miliar with,	and accept	
SIGNATURE.					<u>.                                    </u>						
	Signature, typed	or privided name of registered agent	and title if applicable. (NOT)	: Registered	Agent signature requi	ared when remailiting)		DATE			
		! FEE IS \$150.00 otember 7, 2005	9. Election Campai Trust Fund Cont			5.00 May Be idded to Fees	In accordance w corporation did	not receive	the prior r	notice.	
	ue by Sep		Trust Fund Cont	ribution.		dded to Fees	In accordance w corporation did of /CHANGES TO OFFI	not receive	the prior r	notice. S IN 11	
10.	PD	otember 7, 2005 OFFICERS AND	Trust Fund Cont	11.		dded to Fees	corporation did	not receive	the prior r	notice.	
10.	PD REYES, C	OFFICERS AND	Trust Fund Cont	11. TITLE		dded to Fees	corporation did	not receive	the prior r	notice. S IN 11	
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12. Thereby certify that the information supplied with this filling 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 ON PROVIDED HADRED FROM TO FRICE ON DIRECTOR

Daytime Prove #

Oste