


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90435 007 ***150.00

DOCUMENT # P03000078673 1. Entity Name COMMERCIAL CLEANING CORP.			
Principal Place of Business 5225 62ND STREET NORTH, #209 KENNETH CITY, FL 33709		Mailing Address 5225 62ND STREET NORTH, #209 KENNETH CITY, FL 33709	
2. Principal Place of Business 5255 62ND ST N Suite, Apt. #, etc. #209 City & State KENNETH CITY, FL Zip Country 33709		3. Mailing Address 5255 62ND ST N Suite, Apt. #, etc. #209 City & State KENNETH CITY, FL Zip Country 33709	
4. FEI Number 43-2030434		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 SULLIVAN, JOAN F 5225 62ND STREET NORTH, #209 KENNETH CITY, FL 33709		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5255 62ND STREET NORTH #209 City State Zip Code KENNETH CITY FL 33709	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SULLIVAN, JOAN F STREET ADDRESS 5225 62ND STREET NORTH, #209 CITY-ST-ZIP KENNETH CITY, FL 33709	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT NAME RICARDO RODRIGUEZ STREET ADDRESS 2607 WEST MOHAWK AVENUE CITY-ST-ZIP TAMPA FL 33614	<input type="checkbox"/> Change <input checked="" 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
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 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: <i>Joan F. Sullivan</i> JOAN F. SULLIVAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/20/06 (20) 545-1807 <small>Daytime Phone #</small>	