

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P03000078673

1. Entity Name
COMMERCIAL CLEANING CORP.



Principal Place of Business
**5255 62ND ST N
209
KENNETH CITY, FL 33709**

Mailing Address
**5255 62ND ST N
209
KENNETH CITY, FL 33709**



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2030434

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SULLIVAN, JOAN F
5255 62ND ST N 209
KENNETH CITY, FL 33709**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000861534
04/03/08-20015-013 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SULLIVAN, JOAN F
STREET ADDRESS 5255 62ND STREET NORTH, #209
CITY-ST-ZIP KENNETH CITY, FL 33709

TITLE VP
NAME RODRIGUEZ, RICARDO
STREET ADDRESS 2607 W MOHAWK AVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE VP
NAME MELILLO, GERALD R SR.
STREET ADDRESS 6232 33RD. AVE NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Joan F. Sullivan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN F. SULLIVAN

3/12/08

Date

Daytime Phone #

(727)545-1807