

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000087024**



1. Entity Name  
**SCHOELLER'S TOTAL CLEANING SERVICES INC.**

Principal Place of Business  
**840 JUNG BLVD. WEST  
 NAPLES FL 34120**

Mailing Address  
**840 JUNG BLVD. WEST  
 NAPLES FL 34120**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **06-1704111**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHOELLER, MICHAEL R  
 840 JUNG BLVD. WEST  
 NAPLES FL 34120**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

**PT  
 SCHOELLER, MICHAEL R  
 840 JUNG BLVD. WEST  
 NAPLES FL 34120**

Delete

Change  Addition

**000000596009  
 01/23/07-80062-005 150.00**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

**VS  
 SCHOELLER, MONICA R  
 840 JUNG BLVD. WEST  
 NAPLES FL 34120**

Delete

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

Delete

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

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 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

Delete

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

Delete

Change  Addition

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 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

**1-18-07 2397774803**

Date

Daytime Phone