2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089592

City-St-Zip: CAPE CORAL, FL 33909

FILED Jul 06, 2005 Secretary of State

Entity Nar	me: COASTA	L CLEANING SERVICES OF I	LEE, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
PO BOX 1: CAPE COI	52297 RAL, FL 33915	5					
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
PO BOX 1: CAPE COR	52297 RAL, FL 33915	5					
FEI Number:	: 36-4537056	FEI Number Applied For ()	FEI Number Not App	licable()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:		
MILLER, D 1004 SW 3 CAPE COR		l US	5247 RÉD 23	MILLER, DAMON 5247 RED CEDAR DRIVE 23 FT MYERS, FL 33907 US			
	named entity see of Florida.	submits this statement for the	purpose of changing i	ts registered	l office or registered agent, or both	٦,	
SIGNATUR	RE:			07/06/2005			
	Electron	ic Signature of Registered Ag	ent		Date	_	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notic	e.			
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () MILLER, DAMO 222 NE 9TH AV CAPE CORAL,	E.	Title: Name: Address: City-St-Zip:	MILLER, DAM	EDAR DRIVE, APT 23		
Title: Name:	VP () ALVARADO, AN		Title: Name: Address:		() Change () Addition		

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

MR.	07/06/2005
	MR.