


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90041 010 \*\*\*150.00

<b>DOCUMENT # P03000099465</b>		
1. Entity Name <b>LMH'S COMMERCIAL CLEANING GROUP, INC.</b>		

Principal Place of Business <b>7026 CARISSA CIRCLE WEST PALM BEACH, FL 33406-6704 US</b>	Mailing Address <b>7026 CARISSA CIRCLE WEST PALM BEACH, FL 33406-6704 US</b>
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2. Principal Place of Business - No P.O. Box # <b>203 2nd Way</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>WPB, FL</b>	City & State
Zip <b>33401</b>	Country



05212008 Chg-P CR2E034 (12/06)

4. FEI Number <b>06-1709326</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HEMSTREET, LAUREEN M 7026 CARISSA CIRCLE WEST PALM BEACH, FL 33406-6704</b>	7. Name and Address of New Registered Agent Name <b>LMH's Commercial</b> Street Address (P.O. Box Number is Not Acceptable) <b>203 2nd Way</b> City <b>WPB</b> State <b>FL</b> Zip <b>33401</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, S HEMSTREET, LAUREEN M 7026 CARISSA CIRCLE WEST PALM BEACH, FL 334066704</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Laureen Hemstreet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/2008  
Date

Daytime Phone #