

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000104465	
1. Entity Name ACTION CLEANING SERVICES OF PINELLAS & HILLSBOROUGH INC.	



FILED  
05 OCT 24 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 2223 PINELLAS PARK, FL 33782	Mailing Address P.O. BOX 2223 PINELLAS PARK, FL 33782
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07142005 Chg-P CR2E034 (10/03)

4. FEI Number 35-2213715	Applied For <input type="checkbox"/> Not Applicable
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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	
DASILVA, CAROL 9711 68TH WAY NORTH PINELLAS PARK, FL 33782		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

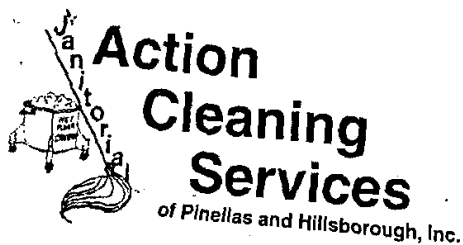
**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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	P DASILVA, CAROL 9711 68TH WAY NORTH PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600061074646 11/01/05--01049--022 **158.75
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
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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 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 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: Carol Dasilva  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



- Commercial
- Licensed
- Insured

OCT 17, 2005

ATTENTION: MS. MARQUITTA WILLIAMS  
FROM: CAROL DASILVA

Dear Marquitta:

As per our conversation, THE LAST FEW MONTHS  
HAVE BEEN VERY HECTIC GOING BACK TO TORONTO,  
CANADA - MY DAD HAS BEEN ILL (LIVER CANCER) PASSED  
ON SEPT 27/2005. THANK YOU FOR YOUR  
UNDERSTANDING ON THIS MATTER.

I AM SUBMITTING \$150.00 + \$8.75 FOR  
CERTIFICATE & AGAIN I THANK YOU AND  
GOD BLES. (A BEAUTIFUL SONG HE LEFT WITH US  
& CHILDREN),

Carol DaSilva

ABBA - I HAVE A DREAM