## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P03000105372  1. Entity Name CLEANING SERVICES BY YOLANDA TURNER, INC.						05-02-2008	3 90147 (	)29 ***15	58.75
Principal Plac	e of Business	Mailing Address	1						
3420 50TH PLACE 3420 50TH PLACE					, .				
LOT 43 LOT 43									
VERO BEACH	1, FL 32967	VERO BEACH, FL 3296	1		E   <b>         </b>				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Number			<del></del>	oplied For
Zip	Country	Zip	Country		16-1684	17.34		\$8.75 Add	ot Applicable
					5. Certificate of	of Status Desired		Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered .	Agent	
TURNER, YOLANDA Y			Name						
3420 50TH			Street Add	•		r is Not Acceptab	le)		
	ACH, FL 32967								
			City				FL	Zip Cod	е
8. The above	e named entity submits this statement t	for the purpose of changing its	registered office or r	registere	ed agent, or both	, in the State of F	lorida. I am	familiar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE.						,			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signature	w beruper e	when reinstating)	,	DATE		
FiL	Signature, typed or printed name of registered ager  NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campaig	gn Financing	\$5.0	onen reinstating)  OO May Be d to Fees		DATE		
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FIL After M	.E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contr	gn Financing	\$5.0	00 May Be d to Fees	CHANGES TO OF		DIRECTOR:	S iN 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 of 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 attactment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4128/08 772-55