

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90012 003 \*\*\*150.00

DOCUMENT # P03000109284

1. Entity Name  
ANANDA CLEANING SERVICES INC.



Principal Place of Business  
1262 E 113TH AVE.  
H-107  
TAMPA, FL 33612

Mailing Address  
1262 E 113TH AVE.  
H-107  
TAMPA, FL 33612



2. Principal Place of Business

711 S. LINCOLN AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

B10

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

01152006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-0277331

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUBICKI, STANISLAW  
1262 E 113TH AVE.  
H-107  
TAMPA, FL 33612

7. Name and Address of New Registered Agent

Name

KUBICKI STANISLAW

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

711 S. LINCOLN AVE, APT # B10

City

CLEARWATER

FL

Zip Code

33756

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

Stanislaw Kubicki

REG. AGENT

03/24/06

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, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME P KUBICKI, STANISLAW ☐ Delete  
STREET ADDRESS 3445 GARDENIA PL #104  
CITY-ST-ZIP LARGO, FL 33771

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 711 S. LINCOLN AVE, APT # B10  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

Stanislaw Kubicki

STANISLAW KUBICKI  
PRES

03/24/06

727/442 8323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #