


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90092 004 ***150.00

DOCUMENT # P03000109284 1. Entity Name ANANDA CLEANING SERVICES INC.					
Principal Place of Business 711 S LINCOLN AVE B10 CLEARWATER, FL 33756			Mailing Address 711 S LINCOLN AVE B10 CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box # 19420 HERITAGE HARBOR INC.		3. Mailing Address → SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LUTZ FL		City & State 		4. FEI Number 20-0277331	
Zip 33558		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUBICKI, STANISLAW 711 S LINCOLN AVE APT B10 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name STANISLAW KUBICKI Street Address (P.O. Box Number is Not Acceptable) 19420 HERITAGE HARBOR INC. City LUTZ FL Zip Code 33558		
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 <u><i>Stanislaw Kubicki</i></u> STANISLAW KUBICKI Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) REG. AGENT 3/24/07 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete KUBICKI, STANISLAW 711 S LINCOLN AVE APT B10 CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19420 HERITAGE HARBOR INC. LUTZ, FL 33558	
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	
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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: <u><i>Stanislaw Kubicki</i></u> STANISLAW KUBICKI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES.			3/24/07 727-504-9989 Date Daytime Phone #		