


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90344 024 ***150.00

DOCUMENT # P03000122982					
1. Entity Name SW FLORIDA CLEANING SERVICES, INC.					
Principal Place of Business 6501 KESTREL CIRCLE FORT MYERS, FL 33912 US			Mailing Address 6501 KESTREL CIRCLE FORT MYERS, FL 33912 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0350604 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIBOL, GEORGE J 6501 KESTREL CIRCLE FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name <u>Owens, Sandra L</u> Street Address (P.O. Box Number is Not Acceptable) <u>6501 Kestrel Cir</u> City <u>Fort Myers</u> <u>FL</u> Zip Code <u>33966</u>		
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>Sandra L Owens</u> <u>Sandra L Owens</u> <u>1/4/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P/D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TIBOL, GOERGE J		NAME		
STREET ADDRESS	6501 KESTREL CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33912		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWENS, SANDRA L		NAME	<u>owens, Sandra L</u>	
STREET ADDRESS	6501 KESTREL CIR		STREET ADDRESS	<u>6501 Kestrel Cir</u>	
CITY - ST - ZIP	FORT MYERS, FL 33912		CITY - ST - ZIP	<u>Fort Myers, FL 33912</u>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u>Sandra L Owens</u> <u>Sandra L Owens</u> <u>1/4/24/08</u> <u>239-4503001</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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