## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000123910

Entity Name: ACCURATE AND PROFESSIONAL CLEANING, INC.

FILED Apr 27, 2006 Secretary of State

- Interpretation of the state o	
Current Principal Place of Business:	New Principal Place of Business:
207 MANATEE ROAD WINTER HAVEN, FL 33844	
Current Mailing Address:	New Mailing Address:
207 MANATEE ROAD WINTER HAVEN, FL 33884	
FEI Number: 20-0396584 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agen	nt: Name and Address of New Registered Agent:
PARTIN, JAN 207 MANATEE ROAD WINTER HAVEN, FL 33884 US	
The above named entity submits this statement for in the State of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered	d Agent Date
Election Campaign Financing Trust Fund Contribution ( ).	

## **OFFICERS AND DIRECTORS:**

Address: City-St-Zip: 416 GARRETT RIDGE COURT

WINTER HAVEN, FL 33880

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

416 GARRETT RIDGE COURT

WINTER HAVEN, FL 33880 US

Title: ( ) Delete Title: (X) Change ( ) Addition PARTIN, JAN PARTIN, JAN Name: Name: 207 MANATEE ROAD Address: 207 MANATEE ROAD Address: City-St-Zip: WINTER HAVEN, FL 33844 City-St-Zip: WINTER HAVEN, FL 33844 US Title: VΡ () Delete Title: VΡ (X) Change ( ) Addition SELF. RHONDA SELF. RHONDA Name: Name: Address: Address: 46 PINE WOOD DRIVE 683 AVE. L, SE HAINES CITY, FL 33844 WINTER HAVEN, FL 33880 US City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete D Name: DEW, TINA Name: DEW, TINA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAN PARTIN PRES 04/27/2006