

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000131685

1. Entity Name

DARREL'S CLEANING SERVICES INC.



Principal Place of Business
4099 BLIND BROOK COURT
TALLAHASSEE FL 32303

Mailing Address
4099 BLIND BROOK COURT
TALLAHASSEE FL 32303

FILED

05 JUN 22 AM 11:12



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

4099 Blindbrook Ct.
Suite, Apt. #, etc.
Tallahassee, FL

3. Mailing Address

SAME as principal.

City & State

32303 USA

City & State

USA

4. FEI Number

52-2414218

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, DARREL
4099 BLIND BROOK COURT
TALLAHASSEE-FL-32303

7. Name and Address of New Registered Agent

Name

SAME

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME JONES, DARREL
STREET ADDRESS 4099 BLIND BROOK COURT
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VP
NAME JONES, IONA
STREET ADDRESS 4099 BLIND BROOK COURT
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T. Roberts JUN 22 2005