2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

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DOCUMENT # P03000131685										
DARREL'S CLEANING SERVICES INC.							FILED			
100 37 75						4				
Principal Place of Business Mailing Address							05 JUN 22 AM	11: 12		
4099 BLIND BROOK COURT 4099 BLIND BROOK COL TALLAHASSEE FL 32303 TALLAHASSEE FL 32303							05 JUN 22 181	. al£		
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Principal Place of Business 3. Mailing Address					/ /	1				
909 a Bladbrook Ct - Same as p Suite, Apt. M. etc. Suite, Apt. M. etc.					supper.		HINNER OR A OLICE AND GRAN OLICE CHARACTER	i termi asuru darah sebaba k	SECRETAR IN CASES	
796	ille, Apr. #, etc.			1:	st MOORE CR2EC	34 (10/04)				
City & State			City & State			4. FEt Numb	52-2414218	A	oplied For	
3230					<u></u>	Not Applicable				
Zip	Country	ZIP	Zip Coun		ury	5. Certificate of Status Desired S8.75 Additional Fee Required				
6, Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
						ME_				
4099 BLIND BROOK COURT					Street Address (P.O. Box Number is Not Acceptable)					
INCOMINGUES FE-05000										
					City		F	Zip Cod	e	
	named entity submits this st	atement for the purp	pose of changing its	register	ed office or registe	red agent, or b	oth, in the State of Florida.	am familiar with,	and accept	
the obligations of registered agent.										
SIGNATURE Signature, typed or pinted name of registered applicable [NOTE Registered Apent signature reduced when reunstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees										
Make Chec	k Payable to Florida Depa		<u> </u>				Trust vario considuar	· L AGGR	90 10 Fees	
10.	OFFIC	ERS AND DIRECTO		11.		ADDITIONS	CHANGES TO OFFICERS			
I IITLE	JONES, DARREL		☐ Delete	TITL:	· I			Change	Addition	
SIREEI ADORESS	ADDRESS 4099 BLIND BROOK COURT				ET ADDRESS		. 			
CHY-SI-ZIP	TALLAHASSEE FL 32303				-S1-ZIP	<u> </u>	1005661 <u>1</u> 70501037008	155.		
NAME	JONES, IONA		☐ Defete	TITU	•	UD/ 40	\02==01031==0nn	'∐'Chango"	Addition	
STREET ADDRESS					EI ADDRESS					
CITY-SI-ZIP	TALLAHASSEE FL 32303				-ST-2#P					
DITLE NAME			Delete	IIILI NAM	I			☐ Change	Addition	
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NAME STREET ADDRESS				NAM STRE	EI ADORESS					
CITY-ST-ZIP					-SI-ZIP					
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NAME STREET ADDRESS				NAM	ET ADDRESS				j	
CITY-ST-ZIP					-SI-ZIP				į	
12. I hereby	certify that the information su	pplied with this filing	g does not qualify for	the exe	mption stated in S	ection 119.07(3)(i), Florida Statutes, I further	certify that the in	nformation	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under eath; 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:									}	
	SIGHATURE AND	SIGNATURE AND TYPED OR PRINTED HARZ OF SIGNING OFFICER OR DIRECTOR Date Design Phone #								