


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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
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03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2414218	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

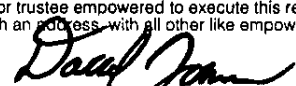
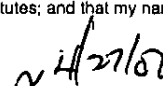
6. Name and Address of Current Registered Agent JONES, DARREL 4099 BLIND BROOK COURT TALLAHASSEE, FL 32303	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE 
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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	U000000745384 05/16/07-80027-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JONES, DARREL 4099 BLIND BROOK COURT TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JONES, IONA 4099 BLIND BROOK COURT TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date  Daytime Phone # 