

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90031 023 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 1931 Hollywood Dr. Suite, Apt. #, etc.		3. Mailing Address 1931 Hollywood Drive Suite, Apt. #, etc.			
City & State Tallahassee FL Zip 32303		City & State Tallahassee, FL Zip 32303		4. FEI Number 52-2414218	
Country Leon		Country Leon		5. Certificate of Status Desired <input type="checkbox"/> \$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 Darrel Jones Street Address (P.O. Box Number is Not Acceptable) 1931 Hollywood Drive City Tallahassee FL Zip Code 32303		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE 4/30/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	<input type="checkbox"/> Delete NAME JONES, DARREL STREET ADDRESS 4099 BLIND BROOK COURT CITY-ST-ZIP TALLAHASSEE FL 32303		TITLE Darrel Jones	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1931 Hollywood Drive STREET ADDRESS Tallahassee, FL 32303 CITY-ST-ZIP Tallahassee, FL 32303	
TITLE VP	<input type="checkbox"/> Delete NAME JONES, IONA STREET ADDRESS 4099 BLIND BROOK COURT CITY-ST-ZIP TALLAHASSEE FL 32303		TITLE IONA Jones	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1931 Hollywood Drive STREET ADDRESS Tallahassee, FL 32303 CITY-ST-ZIP Tallahassee, FL 32303	
TITLE 	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Darrel Jones Iona Jones 4/30/08 5590182 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					