

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 15, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000132739

**1. Entity Name
PG CONSTRUCTION CLEANING, INC.**



Principal Place of Business

**641 22ND AVE NW
NAPLES, FL 34120**

Mailing Address

**641 22ND AVE NW
NAPLES, FL 34120**



01032007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

35-2221176

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, PEDRO G
641 22ND AVE NW
NAPLES, FL 34120**

**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

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

(NOTE: Registered Agent signature required when retesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME GONZALEZ, PEDRO G
STREET ADDRESS 641 22ND AVE NW
CITY-ST-ZIP NAPLES, FL 34120**

**TITLE V
NAME GONZALEZ, LIGIA
STREET ADDRESS 641 22ND AVE NW
CITY-ST-ZIP NAPLES, FL 34120**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**U00000637211
02/26/07-80052-003 158.75**

**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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-07

Date

239-209 42 53

Daytime Phone #