2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140443

Name:

Address:

City-St-Zip:

WILEY, TAMARA

10201 W. BEAVER ST., UNIT 260

JACKSONVILLE, FL 32210

: TLT CONSTRUCTION CLEANING SERVICES. INC

FILED May 01, 2006 Secretary of State

Entity Nar	me: ILICON	STRUCTION CLEANING SE	RVICES, INC.			
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
14175 US HWY. 301 WALDO, FL 32694				1871 NE HWY 329 SPARR, FL 32192		
Current M	lailing Addres	s:	New Mail	New Mailing Address:		
P. O. BOX WALDO, F			PO BOX 4 SPARR, F			
FEI Number:	75-3143367	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
The above	LLE, FL 32601 named entity s e of Florida.		purpose of changing	its registere	ed office or registered agent, or both,	
Election Car	ce with s. 607.19	ic Signature of Registered Ag 3(2)(b), F.S., the corporation did r 3 Trust Fund Contribution (). TORS:	not receive the prior notic		Date BES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () KING, PATRICI 14175 US HWY WALDO, FL 32	. 301	Title: Name: Address: City-St-Zip:		(X) Change ()Addition RICIA SHORE TERRACE HEN, FL 32146	
Title: Name: Address: City-St-Zip:	D () THOROMAN, LI 13441 NE 33RE ANTHONY, FL	AVE.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D ()	Delete	Title:	D	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

STEPINSKY, DAVE B 868 LAKESHORE TERRACE

INTERLACHEN, FL 32146

SIGNATURE: PATRICIA KING PRES 05/01/2006