## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000141767

HARTZIG, KAREN

4695 E. DOESKIN LOOP

INVERNESS, FL 34452

Name:

Address: City-St-Zip:

Entity Name: HOCUS POCUS CLEANING, INC.

FILED Jan 08, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4795 E. BOW-N-ARROW LOOP INVERNESS, FL 34452 **Current Mailing Address: New Mailing Address:** 4795 E. BOW-N-ARROW LOOP INVERNESS, FL 34452 FEI Number: 20-0462721 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WINBURN, CONNIE M 4795 E. BÓW-N-ARROW LOOP INVERNESS, FL 34452 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WINBURN, CONNIE M Name: Name: 4795 E. BOW-N-ARROW LOOP Address: Address: City-St-Zip: INVERNESS, FL 34452 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition DECOOK, AMY A Name: HARTZIG, KAREN Name: 4695 E. DOESKIN LOOP P.O.BOX 2804 Address: Address: INVERNESS, FL 34452 INVERNESS, FL 34450 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () 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:

SIGNATURE: CONNIE M. WINBURN D 01/08/2007