

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90031 045 \*\*\*150.00

**DOCUMENT # P03000145855**

1. Entity Name  
**BRENDA BURKHEAD CONSTRUCTION CLEANING, INC.**



Principal Place of Business  
**1077 LAKEVIEW DR.  
DELAND, FL 32720**

Mailing Address  
**1077 LAKEVIEW DR.  
DELAND, FL 32720**

**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**62-1211581**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BURKHEAD, BRENDA  
1077 LAKEVIEW DR.  
DELAND, FL 32720**

**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 reinstating.)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BURKHEAD, BRENDA
STREET ADDRESS	1077 LAKEVIEW DRIVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VPTD
NAME	SANDERS, BETTY
STREET ADDRESS	1077 LAKEVIEW DRIVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VPD
NAME	PARKER, DOROTHY
STREET ADDRESS	1077 LAKEVIEW DRIVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VP
NAME	LOVELESS, MICHELLE
STREET ADDRESS	1077 LAKEVIEW DRIVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

*Brenda Burkhead*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

Date

(386) 804-5900

Daytime Phone #