


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90418 006 \*\*\*150.00

**DOCUMENT # P03000149878**

1. Entity Name  
**SHEILA WRIGHT'S CLEANING SERVICE INC.**



Principal Place of Business      Mailing Address

10750 TOM FOLSOM RD.  
 LOT 13  
 THONOTOSASSA, FL 33592    US

10750 TOM FOLSOM RD.  
 LOT 13  
 THONOTOSASSA, FL 33592    US

2. Principal Place of Business      3. Mailing Address

*10834 TIMMONS RD*      *P.O. BOX 1164*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*THONOTOSASSA, FL*      *THONOTOSASSA, FL*

Zip      Country      Zip      Country

*33592*      *US*      *33592*      *US*

**14014445**



02272005    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For

20-0424742      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIFFIN, SANDRA**  
 1006 CORNWALL CT.  
 BRANDON, FL 33510

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P WRIGHT, SHEILA 10750 TOM FOLSOM RD., LOT 13 THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ALONSO, TAMARA J 7208 MADISON AVE. TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Sheila Wright*      *4/27/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #