

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149878

FILED  
Mar 25, 2006  
Secretary of State

Entity Name: SHEILA WRIGHT'S CLEANING SERVICE INC.

**Current Principal Place of Business:**

10234 TIMMONS ROAD  
THONOTOSSASSA, FL 33592 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1164  
THONOTOSSASSA, FL 33592 US

**New Mailing Address:**

FEI Number: 20-0424742      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: D, P ( ) Delete  
Name: WRIGHT, SHEILA  
Address: 10234 TIMMONS RD.  
City-St-Zip: THONOTOSSASSA, FL 33592 US

Title: SEC ( ) Delete  
Name: WRIGHT, ROBERT  
Address: 10234 TIMMONS RD  
City-St-Zip: THONOTOSSASSA, FL 33592

Title: VP (X) Delete  
Name: WEBER, KATRINA  
Address: 9815 LULA  
City-St-Zip: GIBSONTON, FL 33534

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: SHEILA WRIGHT

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

D P

03/25/2006

\_\_\_\_\_ Date