


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90122 011 ***150.00

DOCUMENT # P03000150846 1. Entity Name LET ME DO YOUR "DIRTY WORK" INC.			
Principal Place of Business 11005 RODEO LANE RIVERVIEW, FL 33569 US		Mailing Address P.O. BOX 423 GIBSONTON, FL 33534	
2. Principal Place of Business 11005 Rodeo Ln		3. Mailing Address PO Box 423	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Riverview, FL		City & State Gibsonton, FL	
Zip 33569 Country U.S.		Zip 33534 Country U.S.	
4. FEI Number 20-0474448		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03152005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TERMINELLO, REGINA 11005 RODEO LANE RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name: Regina Termino Street Address: 11005 RODEO Ln. City: Riverview FL Zip Code: 33569	
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: <i>Regina Termino</i> Regina Termino President 3/16/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: TERMINELLO, REGINA STREET ADDRESS: P O BOX 423 CITY-ST-ZIP: GIBSONTON, FL 33534	<input type="checkbox"/> Delete	TITLE: S NAME: Kitts Jennifer STREET ADDRESS: P.O. Box 423 CITY-ST-ZIP: Gibsonton FL 33534	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: Fry Heather STREET ADDRESS: P.O. Box 423 CITY-ST-ZIP: Gibsonton FL 33534	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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: <i>Regina Termino</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Regina Termino 3/16/05 (813) 741-9116	