


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90024 021 ***150.00

DOCUMENT # P03000150949					
1. Entity Name GENNIE'S CLEANING SERVICE, INC.					
Principal Place of Business 1830 HARTSFIELD RD TALLAHASSEE FL 32303			Mailing Address 1830 HARTSFIELD RD TALLAHASSEE FL 32303		
2. Principal Place of Business <i>1830 Hartsfield Rd.</i> Cleaning Service, Inc.			3. Mailing Address <i>1830 Hartsfield Road</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Tallahassee FL</i>		City & State <i>Tallahassee FL</i>		4. FEI Number 30-0219757	
Zip <i>32303</i>	Country <i>Leon</i>	Zip <i>32303</i>	Country <i>Leon</i>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GENNIE, VICKIE 1830 HARTSFIELD RD TALLAHASSEE FL 32303			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 <i>Vickie Gennie</i>				DATE <i>3/14/05</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY-ST-ZIP	P GENNIE, VICKIE 1830 HARTSFIELD RD TALLAHASSEE FL 32303	<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	
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	
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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 life empowered.					
SIGNATURE: <i>Vickie Gennie</i>				DATE <i>3/14/05</i> Daytime Phone # <i>850-385-0491</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					