2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 03, 2007 08:00 AM Secretary of State DOCUMENT # P03000153413 1. Entity Name PENNYWISE CLEANING INC. Principal Place of Business Mailing Address P O BOX 335 MIDDELBURG FL 32050 P O BOX 335 MIDDELBURG FL 32050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, atc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 30-0221531 Not Applicable Ζıp Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MYER, BECKY A Street Address (P.O. Box Number is Not Acceptable) 2244 ÉAGLE HAMMOCK BLVD MIDDELBURG FL 32050 Zip Codo 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 signalure required whom reinstature) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10HI'IIIE Change Addition Delete MYER, BECKY A NAME NAME U00000758687 2244 EALGE HAMMOCK BLVD STREET ADDRESS STREET ADDRESS 05/24/07-80012-019 150.00 MIDDLEBURG FL 32050 CHY-SI-70 CHY-ST-ZIP HILE ☐ Delete IIIIE Change ☐ Add₁lion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY+SI-ZIP TITLE ☐ Change Addition Delete THIE NAMC STREET ADDRESS STRUCT ADDRESS CITY-ST-7IP CITY-SI-ZIP THIL Delete IIIII. Change ■ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete mir ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY+ST-7IP Addition Delete MEE NAME: STREELE ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP

12. I horopy certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 early; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this effort 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: UCCKY MY CONTROL OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OF SIGNING OFFICER OF SIGNING O

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