


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90025 016 ***150.00

DOCUMENT # P04000001283																													
1. Entity Name KIM'S CLEANING OF SARASOTA, INC.																													
Principal Place of Business 7178 MANTHEY AVE NORTH PORT, FL 34286			Mailing Address 7178 MANTHEY AVE NORTH PORT, FL 34286																										
2. Principal Place of Business - No P.O. Box # 5015 31 ST ST. WEST		3. Mailing Address 710 60 TH ST. CT. E.																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State BRADENTON, FL.		City & State BRADENTON, FL		4. FEI Number 20-0640634																									
Zip 34207		Country USA		Applied For <input type="checkbox"/> Not Applicable																									
Zip 34208		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HECKMAN, DONALD H 2335 J 63RD AVE EAST BRADENTON, FL 34203			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 710 60 TH ST. CT. EAST City BRADENTON FL Zip Code 34208																										
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 <u>D. Heckman</u> 2/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Kimberly A. Reinosa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(5) 2/5/08 941-745-1212 <small>Date Daytime Phone #</small>																										