

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90072 012 ***150.00

DOCUMENT # P04000003353

1. Entity Name
JOANNE BARONE CLEANING SERVICES, INC.



Principal Place of Business
**4609 BUCHANAN DR
FT PIERCE, FL 34982**

Mailing Address
**4609 BUCHANAN DR
FT PIERCE, FL 34982**

50065789



05012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

1638 SW Dwyer Ave
Suite, Apt. #, etc.

3. Mailing Address

1638 SW Dwyer Ave
Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

City & State

PORT ST LUCIE

4. FEI Number
83-0382977

Applied For
Not Applicable

Zip
34983

Country
ST LUCIE

Zip
34983

Country
ST LUCIE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARONE, JOANNE
4609 BUCHANAN DR
FT PIERCE, FL 34982**

7. Name and Address of New Registered Agent

Name **Joanne Barone Cleaning Services**
Street Address (P.O. Box Number is Not Acceptable)
1638 SW Dwyer Ave
City **PORT ST LUCIE** FL Zip Code **34982**

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 **Joanne M. Barone**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/2/05
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **BARONE, JOANNE**
STREET ADDRESS **4609 BUCHANAN DR**
CITY-ST-ZIP **FT PIERCE, FL 34982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Barone Joanne** ☒ Change ☐ Addition
NAME **638 SW Dwyer Ave**
STREET ADDRESS **PORT ST LUCIE, FL 34982**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Joanne M. Barone**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/05 772-633-8519
Date Daytime Phone #