


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000007805 1. Entity Name OTIS WILLIAMS CLEANING, INC.		
Principal Place of Business 4260 BEACON TREE CT. JACKSONVILLE, FL 32257		Mailing Address 4260 BEACON TREE CT. JACKSONVILLE, FL 32257
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAMS, JODY L 4260 BEACON TREE CT. JACKSONVILLE, FL 32257		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JODY L 4260 BEACON TREE CT. JACKSONVILLE, FL 32257	
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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><i>W. Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/9/06</u> <u>292-1377</u> <small>Date Daytime Phone</small>



05092006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3134281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/20/06-80042-005 158.75

**DO NOT WRITE
IN THIS SPACE**