2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000012488

1. Entity Name
LINDA'S OLD FASHIONED CLEANING SERVICE, INC.

Principal Place of Business	Mailing Address
1773 FOUR MILE COVE PKWY SUITE #1110 CAPE CORAL, FL 33990	1773 FOUR MILE COVE PKWY SUITE #1110 CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0600710
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKS FINANCIAL SERVICES, PA
923 SW 33RD STREET
CAPE CORAL, FL 33914

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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 _____ DATE
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000546372
05/11/06-80102-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEREIRA, ERMALINDA
STREET ADDRESS	1773 FOUR MILE COVE PKWY., SUITE #1110
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04/26/06 (239) 3573811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #