

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90001 025 ***158.75

DOCUMENT # P04000016453					
1. Entity Name CLEANING BY GRACE, INC.					
Principal Place of Business 5780 DRIFTWOOD DR. LAKELAND, FL 33809			Mailing Address 5780 DRIFTWOOD DR. LAKELAND, FL 33809		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0677589	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALES, DEVIN D 3062 CRYSTAL HILLS DR LAKELAND, FL 33801			Name <u>HALES, DEVIN D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5780 Driftwood Dr.</u> City <u>Lakeland</u> <u>FL</u> <u>33809</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALES, DEVIN D 3062 CRYSTAL HILLS DR LAKELAND, FL 33801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hales, Devin D. 5780 Driftwood Dr. Lakeland, FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENTI, THELMA 1506 PEAVY CT. LAKELAND, FL 33801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CAND, PATRICIA 707 2ND ST - APT. - A POLK CITY, FL 33868		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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>Devin D. Hales</u>			8/28/06 863.370.0793		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		