

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90381 041 ***150.00

DOCUMENT # P04000023007

1. Entity Name
GATOR STAN'S CLEANING SERVICE, INC.



Principal Place of Business
**5920 KNOLLWOOD ROAD
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**5920 KNOLLWOOD ROAD
GREEN COVE SPRINGS, FL 32043**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006

Chg-P

CR2E034 (11/05)

4. FEI Number
70-1035334

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, STANLEY N
5920 KNOLLWOOD ROAD
GREEN COVE SPRINGS, FL 32043**

Name
JANINE M. CLARK

Street Address (P.O. Box Number is Not Acceptable)

5920 KNOLLWOOD ROAD

City **GREEN COVE SPRINGS FL** Zip Code **32043**

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

Stanley N Clark

ap 13, 2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **CLARK, JUSTIN D**
STREET ADDRESS **5920 KNOLLWOOD ROAD**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **VTD** ☒ Delete
NAME **CLARK, STANLEY N**
STREET ADDRESS **5920 KNOLLWOOD ROAD**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **PSD** ☐ Delete
NAME **JANINE M. CLARK**
STREET ADDRESS **5920 KNOLLWOOD ROAD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE **V TO** ☒ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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 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:

Janine M. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 (904) 284-2046
Date Daytime Phone #