## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P04000025234**

1. Entity Name

SCRUBBS QUALITY CLEANING, INC.



**FILED** Sep 01, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

102 E NEW HAVEN AVE MELBOURNE, FL 32901 **102 E NEW HAVEN AVE** MELBOURNE, FL 32901



X

DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 07162006 No Chg-P

4. FEI Number 80-0095748 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCALMONT, ANITA J 171 CROWN AVE NE **PALM BAY, FL 32907** 

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	named entity submits this statement for the ions of registered agent.	e purpose of changing its registered offic	e or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and to	the if applicable. (NOTE: Registered Agent a	onature	required when renstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	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 DIR	ECTORS			<u>, , , , , , , , , , , , , , , , , , , </u>
TRILE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCALMONT, ANITA J 171 CROWN AVE., NE MELBOURNE, FL 32935				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000575820 09/01/06-80001-009 158.75
TITLE	Ì				

STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

NAME

STREET ADDRESS COTY-ST-ZIP TER F NAME STREET ADDRESS CITY-ST-ZIP