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Feb 18, 2005 8:00 am
Secretary of State

01-21-2005 90082 016 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/2

DOCUMENT # P04000033167

1. Entity Name
UPSTAIRS DOWNSTAIRS CLEANING SERVICES CORPORATION

66002238

01102005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1858 RINGLING BLVD SARASOTA, FL 34236	46 N WASHINGTON BLVD #1 SARASOTA, FL 34236

2. Principal Place of Business	3. Mailing Address
	1858 Ringling Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Sarasota, Fl.
Zip / Country	Zip: 34236 / Country

4. FEI Number: 20-0767691 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LPS CORPORATE SERVICES, INC.
46 N WASHINGTON BLVD #1
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 ____________________
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	COLEMAN, SHIRLEY	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	☐ Delete
NAME	COLEMAN, RONALD	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: S. A Coleman 01-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #