


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90182 018 \*\*\*158.75

|   |  |   |   |   |                                     |
|---|--|---|---|---|-------------------------------------|
| <b>DOCUMENT # P04000034426</b><br>1. Entity Name<br><b>RON GEORGE CLEANING, INC.</b>  |  |   |   |    |                                     |
| Principal Place of Business<br><b>17800 SE 91ST POPLAR TERR<br/>THE VILLAGES, FL 32162 US</b>   |  |   | Mailing Address<br><b>17800 SE 91ST POPLAR TERR<br/>THE VILLAGES, FL 32162 US</b> |   |                                     |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |                                     |
| City & State  |  |   | City & State  |   |                                     |
| Zip   |  | Country   |   | Zip   |                                     |
| Country   |  | Country   |   | 4. FEI Number<br><b>20-0784572</b>  |                                     |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |                                     |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  |   |   | \$8.75 Additional Fee Required  |                                     |
| 6. Name and Address of Current Registered Agent<br><b>ACTIVE FILINGS, LLC<br/>10651 NE 11 COURT<br/>MIAMI SHORES, FL 33138</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>CAROL G. GEORGE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>17800 SE 91ST POPLAR TERR</b><br>City <b>The Villages</b> FL Zip Code <b>32162</b> |                                     |
| 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.<br>SIGNATURE <u>CAROL GEORGE, Secretary/Treasurer</u> <u>Carol George</u> <u>4-7-05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>  |  |   |   |   |                                     |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |                                     |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GEORGE, RONALD M<br>17800 SE 91ST POPLAR TERR<br>THE VILLAGES, FL 32162 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GEORGE, CAROL G<br>17800 SE 91ST POPLAR TERR<br>THE VILLAGES, FL 32162  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>CAROL GEORGE</u> <u>Carol George</u>  |  |   | Date <u>4-7-05</u>  |   | Daytime Phone # <u>352-753-8241</u> |