

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000039091

Entity Name: BROCS CLEANING INC.

FILED
Oct 04, 2005
Secretary of State

Current Principal Place of Business:

9021 ATLAS DRIVE
ST. CLOUD, FL 34773

New Principal Place of Business:

Current Mailing Address:

9021 ATLAS DRIVE
ST. CLOUD, FL 34773

New Mailing Address:

FEI Number: 14-1896736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOREHAND, NIKKI
9021 ATLAS DRIVE
ST. CLOUD, FL 34773 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: FOREHAND, NIKKI
Address: 9021 ATLAS DRIVE
City-St-Zip: ST. CLOUD, FL 34773

Title: VPD () Delete
Name: FOREHAND, NIKKI
Address: 9021 ATLAS DRIVE
City-St-Zip: ST. CLOUD, FL 34773

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: FOREHAND, NIKKI
Address: 9021 ATLAS DRIVE
City-St-Zip: ST. CLOUD, FL 34773

Title: D (X) Change () Addition
Name: FOREHAND, NIKKI
Address: 9021 ATLAS DRIVE
City-St-Zip: ST. CLOUD, FL 34773

Title: V () Change (X) Addition
Name: COLE, LESLIE JR
Address: 9021 ATLAS DRIVE
City-St-Zip: ST.CLOUD, FL 34773

Title: S () Change (X) Addition
Name: COLE, DONNIE
Address: 9021 ATLAS DR
City-St-Zip: ST.CLOUD, FL 34773

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIKKI FOREHAND

PTD

10/04/2005

Electronic Signature of Signing Officer or Director

Date