2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052551

FILED Apr 12, 2006 Secretary of State

Entity Name: FIRST CLASS CLEANING BY ANTOINETTE LARSEN, INC.

urrent P	rincipal Place	DI DUSINESS:	New Principal Place	OI DUSINESS:
	IAWK LANE CITY, FL 34436	US		
urrent M	lailing Address	::	New Mailing Addres	ss:
	IAWK LANE DITY, FL 34436	US		
El Number	: 86-1101039	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
1730 E H	ANTOINETTE IAWK LANE CITY, FL 34436	US		
	e named entity so e of Florida.	ubmits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	ubmits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
the State	e of Florida. RE:	ubmits this statement for the plants of the plants of Registered Ag		ed office or registered agent, or both, Date
the State	e of Florida. RE: Electronic			
the State	e of Florida. RE: Electronic	c Signature of Registered Ag Trust Fund Contribution ().	ent	
the State	e of Florida. RE: Electronic mpaign Financing S AND DIRECT	© Signature of Registered Ag Trust Fund Contribution (). ORS: Delete NETTE LANE	ent	Date
n the State GIGNATUI Jection Car DFFICER ittle: ame: ddress:	e of Florida. RE: Electronic mpaign Financing S AND DIRECT P,D () I LARSEN, ANTOII 11730 E HAWK I FLORAL CITY, F	C Signature of Registered Ag Trust Fund Contribution (). ORS: Delete NETTE _ANE L 34436 US Delete EN _ANE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANTOINETTE LARSEN PRES 04/12/2006