

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90038 050 ***150.00

DOCUMENT # P04000052551

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



Principal Place of Business
**11730 E HAWK LANE
FLORAL CITY, FL 34436 US**

Mailing Address
**11730 E HAWK LANE
FLORAL CITY, FL 34436 US**

50002051



03132008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
86-1101039

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**LARSEN, ANTOINETTE
11730 E HAWK LANE
FLORAL CITY, FL 34436**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P,D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, ANTOINETTE			NAME			
STREET ADDRESS	11730 E HAWK LANE			STREET ADDRESS			
CITY-ST-ZIP	FLORAL CITY, FL 34436			CITY-ST-ZIP			
TITLE	VP,D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAM, LARSEN			NAME			
STREET ADDRESS	11730 E HAWK LANE			STREET ADDRESS			
CITY-ST-ZIP	FLORAL CITY, FL 34436			CITY-ST-ZIP			
TITLE	ST/D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRENE, SNYDER			NAME			
STREET ADDRESS	13606 OUTBOARD CT			STREET ADDRESS			
CITY-ST-ZIP	HUDSON, FL 34667			CITY-ST-ZIP			
TITLE	ST/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Curtis Collins			NAME			
STREET ADDRESS	11730 E HAWK LANE			STREET ADDRESS			
CITY-ST-ZIP	FLORAL CITY, FL 34436			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Antoinette Larsen **3-12-08** **352-637-1415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #