## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 13, 2006 8:00 am Secretary of State 03-13-2006 90091 029 \*\*\*150.00

DOCUMENT # P04000054479  1. Entity Name SURE SHINE CLEANING SERVICE, INC.								03-13-2006				
Principal Plac 7205 LINGEI BRADENTON	R LODGE RO	AD	Mailing Address 7205 LINGER LODGE BRADENTON, FL 342			- 4 4 3 3 6						
							) 			<b>8</b> 182 8182 1881 78		
2. Principal F			3. Mailing Address									
7029 85th St Ct E Suite, Api. #, etc.			7029 85th St Ct E				03062006	Chg-P	CR2E	E034 (11/05)		
City & State			City & State	· '			4. FEI Numb	=		<del>- 1 -</del>	plied For	
Bradenton, Fl Zip Country			Bradenton Zip	ntry		20-0948104 Not Applicable S Cartificate at Status Desired S \$8.75 Additional						
34	34202 USA		34202			5. Certificate of Status Desired		of Status Desired		Fee Require		
	6. Name	and Address of Current	Registered Agent	egistered Agent			7. Name and Address of New Registered Agent Name					
DONNA L., GAMSKY												
7205 LING							Street Address (P.O. Box Number is Not Acceptable)					
BRADENTON, FL 34202						7029 85th St Ct E						
ž.										Zip Code 342(	e	
R. The above garded coline submits this statement for the aureana of sheet.						City Bradenton FL						
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 hyped or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.							00 May Be ed to Fees					
10.	1 = _	OFFICERS AND	DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME	S/T	., GAMSKY	Oelete	Oelete THE NAME STREET						☐ Change <b>X</b>	☐ Addition	
STREET ADDRESS		SER LODGE ROAD				700						
CITY ST-ZIP		TON, FL 34202	CITY		-SI-ZIP	7029 85th St Ct E Bradenton, Fl 34202						
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NAME CONSEL ABOULDS				NAM							Ì	
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CHTY ST ZIP				1	·SI · ZIP							
12. Thereby 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.												

Donna Gamsky