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Apr 27, 2005 8:00 am
Secretary of State
04-06-2005 90125 023 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000073720

1. Entity Name
1ST CLASS CLEANING SERVICE, INC

66013453

02192005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
415 MLK JR. AVE NO. CLEARWATER, FL 33755	415 MLK JR. AVE NO. CLEARWATER, FL 33755

2. Principal Place of Business	3. Mailing Address
	415 N. MLK JR. AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State CLEARWATER, FL
Zip / Country	Zip 33755 / Country

4. FEI Number 20-1302840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, SHARON DENISE
415 MLK JR. AVE NO.
CLEARWATER, FL 33755

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PRES	☐ Delete
NAME	SMITH, SHARON DENISE	
STREET ADDRESS	415 MLK JR. AVE NO.	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: S. Smith 3/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #