

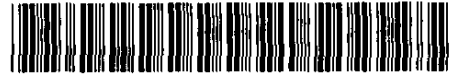
**ANNUAL REPORT (AR)****DOCUMENT # P04000076728**

1. Entity Name

DENHAM'S CLEANING, INC.



**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business

15919 SEA PINES DR  
HUDSON FL 34667

Mailing Address

15919 SEA PINES DR  
HUDSON FL 34667

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-1081808

Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00****After May 1, 2007 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete  
 NAME DENHAM, DEBRA JEAN  
 STREET ADDRESS 15919 SEA PINES DR  
 CITY- ST- ZIP HUDSON FL 34667

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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  
 U00000622198  
 02/13/07-80015-016 150.00

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

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

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 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 exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #