

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90046 044 ***150.00

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DOCUMENT # P04000077787 1. Entity Name E & L PROFESSIONAL CLEANING, INC.					
Principal Place of Business 1201 E. DONEGAN AVE., SUITE 1201 KISSIMMEE, FL 34744-1948			Mailing Address 1201 E. DONEGAN AVE., SUITE 1201 KISSIMMEE, FL 34744-1948		
2. Principal Place of Business 2876 PAYNES PRAIRIE CIR Suite, Apt. #, etc.		3. Mailing Address 2876 PAYNES PRAIRIE CIR Suite, Apt. #, etc.			
City & State KISSIMMEE, FLORIDA Zip 34743		City & State KISSIMMEE, FL Zip 34743		4. FEI Number 42-1631103	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUZ, ELVYS L 1201 E. DONEGAN AVE., SUITE 1201 KISSIMMEE, FL 34744-1948				7. Name and Address of New Registered Agent Name CRUZ, ELVYS L. Street Address (P.O. Box Number is Not Acceptable) 2876 PAYNES PRAIRIE CIR City KISSIMMEE FL Zip Code 34743	
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 <u><i>ELVYS L. CRUZ</i></u> ELVYS L. CRUZ 01/07/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CRUZ, ELVYS L 1201 E. DONEGAN AVE., SUITE 1201 KISSIMMEE, FL 347441948 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CRUZ, ELVYS L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2876 PAYNES PRAIRIE CIR KISSIMMEE, FL 34743	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CRUZ, LAURA T 1201 E. DONEGAN AVE., SUITE 1201 KISSIMMEE, FL 347441948 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CRUZ, LAURA T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2876 PAYNES PRAIRIE CIR KISSIMMEE, FL 34743	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>ELVYS L. CRUZ</i></u> ELVYS L. CRUZ 01/07/2005 407- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					