


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000077807</b> 1. Entity Name <b>AFTERHOURS PROFESSIONAL CLEANING, INC.</b>	
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Principal Place of Business <b>313 137TH STREET NE BRADENTON, FL 34212</b>	Mailing Address <b>313 137TH STREET NE BRADENTON, FL 34212</b>
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02012007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1126040</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SNYDER, DONALD H JR. 5603 26TH STREET W BRADENTON, FL 34207</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000643128 03/01/07-80074-011 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES MANNING, VIRGINIA 313 137TH STREET NE BRADENTON, FL 34212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MANNING, VIRGINIA 313 137TH STREET NE BRADENTON, FL 34212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC MANNING, VIRGINIA 313 137TH STREET NE BRADENTON, FL 34212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA MANNING, VIRGINIA 313 137TH STREET NE BRADENTON, FL 34212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **2/15/07** **941 744 5850**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #