


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State


04-26-2005 90139 038 ***150.00

DOCUMENT # P04000080463		
1. Entity Name SALLY'S INTERIOR CLEANING SERVICE, INC.		

Principal Place of Business 11 WATSON PLACE PALM COAST, FL 32164	Mailing Address 11 WATSON PLACE PALM COAST, FL 32164
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2. Principal Place of Business <i>11 Watson Pl.</i>	3. Mailing Address <i>11 Watson Pl</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Palm Coast, FL</i>	City & State <i>Palm Coast, FL</i>
Zip <i>32164</i>	Zip <i>32164</i>
Country <i>FLAGLER</i>	Country <i>FLAGLER</i>

	
02022005	Chg-P CR2E034 (10/03)
4. FEI Number <i>80-0107152</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAVY, BENJAMIN 25 PINE CONE DRIVE SUITE 2A PALM COAST, FL 32164		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOMBARDO, SALLY A 11 WATSON PLACE PALM COAST, FL 32164 <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
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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: *Sally Lombardo* SALLY A. LOMBARDO *3/15/05* (386) 445-4378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #