2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000085817

1. Entity Name
MAS CLEANING, INC.

Principal Place of Business	Mailing Address
21166 NODDY TERN DRIVE FORT MYERS BEACH, FL 33931 US	21166 NODDY TERN DRIVE FORT MYERS BEACH, FL 33931 US

01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1198772
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, MARY ANN
21166 NODDY TERN DR.
FORT MYERS BEACH, FL 33931

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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: MARY Ann Schmidt 4/10/06
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, 2006 Fee will be $550.00

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

U00000514911
04/29/06-80189-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHMIDT, FRANK
STREET ADDRESS	21166 NODDY TERN DRIVE
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	D
NAME	SCHMIDT, AARON
STREET ADDRESS	125 JEFFERSON #8
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	D
NAME	SCHMIDT, MARY ANN
STREET ADDRESS	21166 NODDY TERN DRIVE
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: [signature] 4/10/06 239-463-8829
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #