

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089991

FILED
Aug 15, 2007
Secretary of State

Entity Name: GERALDINE LAURSEN CLEANING SERVICE INCORPORATED

Current Principal Place of Business:

23 BROOKS AVENUE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

1699 DELLMONT COVE
NICEVILLE, FL 32547

Current Mailing Address:

23 BROOKS AVENUE
FORT WALTON BEACH, FL 32547

New Mailing Address:

1699 DELLMONT COVE
NICEVILLE, FL 32547

FEI Number: 20-1240092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURSEN, GERALDINE
23 BROOKS AVENUE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
SUITE A
DELTONA, FL 32725 US

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.

SIGNATURE: JAMISON MARK JESSUP

08/15/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: LAURSEN, GERALDINE
Address: 23 BROOKS AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP/S (X) Delete
Name: ROBERTS, DAVID
Address: 23 BROOKS AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T (X) Delete
Name: LAURSEN, GERALDINE
Address: 23 BROOKS AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: LAURSEN, GERALDINE
Address: 1699 DELLMONT COVE
City-St-Zip: NICEVILLE, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALDINE LAURSEN

P/D

08/15/2007

Electronic Signature of Signing Officer or Director

Date