


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90333 013 \*\*\*150.00

<b>DOCUMENT # P04000095892</b>	
1. Entity Name <b>AMC CLEANING SERVICE, INC.</b>	

Principal Place of Business <del>2360 HARBOR TOWN DRIVE</del> <b>KISSIMMEE, FL 34744</b>	Mailing Address <del>2360 HARBOR TOWN DRIVE</del> <b>KISSIMMEE, FL 34744</b>
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**50010564**

2. Principal Place of Business <b>5148 BELLHORN DR</b>	3. Mailing Address <b>5148 BELLHORN DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORLANDO, FLORIDA</b>	City & State <b>ORLANDO, FLORIDA</b>
Zip <b>32837</b>	Country <b>ORANGE</b>
Zip <b>32837</b>	Country <b>ORANGE</b>



04042006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1289670</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DIEDRICH, JEIMI</b> <del>2360 HARBOR TOWN DRIVE</del> <del>KISSIMMEE, FL 34744</del>		7. Name and Address of New Registered Agent Name <b>Jeimi Diedrich</b> Street Address (P.O. Box Number is Not Acceptable) <b>5148 BELLHORN DRIVE</b> City <b>ORLANDO</b> FL Zip Code <b>32837</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 <b>Jeimi Diedrich</b> DATE <b>4/4/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIEDRICH, JEIMI</b> <b>2360 HARBOR TOWN DRIVE</b> <b>KISSIMMEE, FL 34744</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIP/ST</b> <b>Jeimi DIEDRICH</b> <b>5148 BELLHORN DRIVE</b> <b>ORLANDO, FLORIDA 32837</b> <input checked="" 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
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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 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: <b>Jeimi Diedrich</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/4/06</b> <b>407-854-4179</b> <small>Date Daytime Phone #</small>