2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096505

Entity Name: FAITH & HOPE CLEANING SERVICES, INC.

FILED May 10, 2005 Secretary of State

Current P	Principal Place of Business:	New Principal Place of Business:
520 ARNA JACKSON	AU TERR. NVILLE, FL 32254	
Current Mailing Address:		New Mailing Address:
520 ARNA JACKSON	AU TERR. NVILLE, FL 32254	
FEI Number	r: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
	ROSS C RWOOD AVE. NVILLE, FL 32208 US	
	e named entity submits this statement for e of Florida.	r the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registere	ed Agent Date
	nce with s. 607.193(2)(b), F.S., the corporation	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD () Delete HAMILTON, BARBARA P 520 ARNAU TERR. JACKSONVILLE, FL 32254	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	CEO () Delete HAMILTON, BARBARA P 520 ARNAU TERR. JACKSONVILLE, FL 32254	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VTD () Delete HAMILTON, JEFFREY 520 ARNAU TERR. JACKSONVILLE, FL 32254	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	SD () Delete WIGGINS, CHRISTOPHER 520 ARNAU TERR.	Title: () Change () Addition Name: Address: City-St-Zip:
City-St-Zip:	JACKSONVILLE, FL 32254	City-St-Zip.

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA HAMILTON PD 05/10/2005