2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 18, 2005 8:00 am
Secretary of State

02-18-2005 90066 039 ***158.75

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1. Entity Name

SPARKLING CLEAN JANITORIAL SERVICES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 16003 TAMPA FL 33687-6003	POST OFFICE BOX 16003 TAMPA FL 33687-6003

2. Principal Place of Business	3. Mailing Address
7610 Sharon Dr.	P.O. Box 16003
Suite, Apt. #, etc.: None	Suite, Apt. #, etc.: None
City & State: Tampa, FL.	City & State: Tampa, FL 33687-6003
Zip: 33617 Country: Hillsborough	Zip: 33687-6003 Country: Hillsborough

32-0121782

1st MOORE CR2E034 (10/04)

4. FEI Number: 261-53-9561 — Applied For / Not Applicable

5. Certificate of Status Desired ✓ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, BUDDY D ESQ.
115 N. MACDILL AVENUE
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name: Anthony Young
Street Address (P.O. Box Number is Not Acceptable): 7610 Sharon Dr.
City: Tampa, FL Zip Code 33617

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Anthony Young 7610 Sharon Dr. Tampa, FL 33617 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Anthony B. Young Anthony B. Young 2-11-05 (813) 989-2520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #