


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90251 026 ***150.00

DOCUMENT # P04000110665	
1. Entity Name NELLY CLEANING SERVICE INC	

Principal Place of Business 15107 WOODRICH BENT COURT 435 FORT MYERS, FL 33908	Mailing Address 15107 WOODRICH BENT COURT 435 FORT MYERS, FL 33908
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50041618

2. Principal Place of Business 15101 Woodrich Bent CT	3. Mailing Address 15101 Woodrich Bent CT
Suite, Apt. #, etc. 435	Suite, Apt. #, etc. 435



04192005 Chg-P CR2E034 (10/03)

City & State Fort Myers FL	City & State Fort Myers
Zip 33908	Country
Country	Zip 33908
Country	Country

4. FEI Number 20-1419104	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of Now Registered Agent	
BLASINI, NELLY A 15107 WOODRICH BENT COURT 435 FORT MYERS, FL 33908		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLASINI, NELLY A		NAME Blasini, Nelly A	
STREET ADDRESS 15107 WOODRICH BENT COURT, APT-435		STREET ADDRESS 15101 Woodrich Bent CT Apt 435	
CITY-ST-ZIP FORT MYERS, FL 33908		CITY-ST-ZIP Fort Myers, FL 33908	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLASINI, SAMUEL		NAME Blasini, Samuel	
STREET ADDRESS 15107 WOODRICH BENT COURT APT 435		STREET ADDRESS 15101 Woodrich Bent CT Apt 435	
CITY-ST-ZIP FORT MYERS, FL 33908		CITY-ST-ZIP Fort Myers, FL 33908	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Nelly Blasini* **4/18/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #