


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000133545</b> 1. Entity Name <b>DIRTECHS CLEANING, INC.</b>	
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Principal Place of Business <b>802 HENSEL HILL WEST PORT ORANGE, FL 32127</b>	Mailing Address <b>802 HENSEL HILL WEST PORT ORANGE, FL 32127</b>
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**DO NOT WRITE IN THIS SPACE**



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-2483578</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIVEY, LISA E  
802 HENSEL HILL WEST  
PORT ORANGE, FL 32127**

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IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	U000000656046 03/14/07-80009-009 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SPIVEY, LISA E 802 HENSEL HILL WEST PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SPIVEY, LISA E 802 HENSEL HILL WEST PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPIVEY, BRYAN S 802 HENSEL HILL WEST PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SPIVEY, LISA E 802 HENSEL HILL WEST PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SPIVEY, LISA E 802 HENSEL HILL WEST PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

<b>SIGNATURE:</b>  <b>LISA SPIVEY</b>	<b>3/02/2007</b>	<b>386-547-7145</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #