

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90002 010 ***150.00

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09062006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000137817 1. Entity Name UNLIMITED CLEANING BY POPCORN CEILINGS, INC.					
Principal Place of Business 5975 SW 43RD STREET DAVIE, FL 33314-3639			Mailing Address 5975 SW 43RD STREET DAVIE, FL 33314-3639		
2. Principal Place of Business 6740 SW 43rd Street Suite, Apt. #, etc.		3. Mailing Address 6740 SW 43rd Street Suite, Apt. #, etc.			
City & State Davie Zip 33314-3639		Country		City & State Davie Zip 33314-3639	
Country		4. FEI Number 20-1727737			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMSON, KEN 5975 SW 43RD STREET DAVIE, FL 33314-3639				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6740 SW 43rd Street City Davie	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMSON, KEN 6740 SW 148TH AVENUE DAVIE, FL 33303513		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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 another like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 9/6/06 Daytime Phone # (954) 680-1978		