## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P04000139815** 05-06-2005 90096 046 \*\*\*150.00 ABOVE AND BEYOND CLEANING SERVICE OF SW FL. Principal Place of Business Mailing Address DUURUUU 1314 S.W. 11TH STREET 1314 S.W. 11TH STREET CAPE CORAL, FL 33991 CAPE CORAL, FL 33991 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For <u>20-16</u>93154 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOZARTH, TINA M. 1314 S.W. 11TH STREET Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL, FL 33991 City Zip Code FL 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. Signature, typed or printed riggre of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ DeNte TITLE Change Addition **BOZARTH, TINA M** NAME NAME STREET ADDRESS **1314 S.W. 11TH STREET** STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33991 CITY - ST - ZIP me CM Delete TILLE ☐ Change Addition Bozarth, Terry L. 1314 SW 11th Street FORSTBERG, MARY T NAME STREET ADDRESS 1314 S.W. 11TH STREET STREET ADDRESS CITY-ST-779 CAPE CORAL, FL 33991 CTTY-ST-ZEP cape cora TITLE mle ☐ Delete ☐ Change ☐ Addition MALE MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE - 🔲 Delete TOTLE ☐ Change — ☐ Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Detete TITLE □ Change ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE Change Addition MALKE HALE STREET ADDRESS STREET ADDRESS CITY - 57 - 20P CITY - 57 - 789 12. I hereby certify that the information supplied with this filling 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 eddress, with all other like empowered. ana m. Byarth President

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