

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000140359**

1. Entity Name

CINDY MILLER CLEANING INC.



Principal Place of Business

90 EMILY LANE  
CRAWFORDVILLE FL 32327

Mailing Address

90 EMILY LANE  
CRAWFORDVILLE FL 32327



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
20-1733221

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENFIELD, RON  
58 SIOUX CIRCLE  
HAVANA FL 32333

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

*Cindy Miller*

Signature, typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

2-20-06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$650.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, CYNTHIA	
STREET ADDRESS	90 EMILY LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, DIANE	
STREET ADDRESS	90 EMILY LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, RHONDA	
STREET ADDRESS	90 EMILY LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOLICK, ABBY	
STREET ADDRESS	90 EMILY LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100000444683  
03/07/06 00011-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Cf Miller*

2-20-06

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