2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 05, 2007 08:00 A Secretary of State DOCUMENT # P04000161226 1. Entity Name CARMS CLEANING SERVICES, INC. Principal Place of Business Mailing Address 500 MISTY PINES CIRCLE 500 MISTY PINES CIRCLE NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FE! Number City & State City & State Applied For 55-0882270 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEARL, CARMINE Street Address (P.O. Box Number is Not Acceptable) 500 MISTY PINES CIRCLE #204 NAPLES FL 34105 City 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. Signature, typed or printed name of registered agent and lillo if applicable (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition 11111 ☐ Delete THE U00000656983 PEARL, CARMINE NAMI NAMI 03/14/07-80047-024 150.00 500 MISTY PINES CIRCLE #204 STREET ADDRESS STRULT ADDIVESS NAPLES FL 34105 CHY-SI-ZIP CITY-SI-ZIP Change Addition ☐ Delete MILL Ш NAME NAMI STREET ADDRESS STREET ADDIVESS CITY-ST-ZIP CHY-SI-ZIP Change ☐ Addition THE ☐ Delete 11111 NAME NAME STREET ADDRESS STREEL ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete HILL ☐ Change ■ Addition Mile NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP HHE ☐ Delete HILE □ Change ■ Addition NAME NAMI

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 logal effect as if made under eath; 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 additional properties of the corporation of the corporation

STREET ADDRESS

CITY+S1-7IP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CATY - ST - ZIP

CHY-S1-7IP

NAME

GNAT THE AND TAPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3-1-07

239-272-5930

Change

☐ Addition