

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90010 049 ***150.00

DOCUMENT # P04000161545 1. Entity Name 1ST CLAZZ MOBILE CLEAN & DETAIL, INC.			
Principal Place of Business 2234 KENNETH AV. S LEHIGH ACRES, FL 33970		Mailing Address 2234 KENNETH AV. S LEHIGH ACRES, FL 33970	
2. Principal Place of Business 745 NEWELL ST., EAST Suite, Apt. #, etc.		3. Mailing Address 745 NEWELL ST., EAST Suite, Apt. #, etc.	
City & State LEHIGH ACRES FL Zip 33936 Country		City & State LEHIGH ACRES FL Zip 33936 Country	
4. FEI Number 11-3733095		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORDE, RONALD L 2234 KENNETH AV. S LEHIGH ACRES, FL 33970		7. Name and Address of New Registered Agent Name FORDE, RONALD L. Street Address (P.O. Box Number is Not Acceptable) 745 NEWELL STREET, EAST City LEHIGH ACRES FL Zip Code 33936	
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 <u><i>Ronald L. Forde</i></u> RONALD L. FORDE <u>9/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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	D FORDE, RONALD L 2234 KENNETH AV. S LEHIGH ACRES, FL 33970 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FORDE, RONALD L. 745 NEWELL STREET, EAST LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLINGTON, TONY 2234 KENNETH AV. S LEHIGH ACRES, FL 33970 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLINGTON, TONY 745 NEWELL STREET, EAST LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJIA, PATRICIA E 2234 KENNETH AV. S LEHIGH ACRES, FL 33970 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MEJIA, PATRICIA E 745 NEWELL STREET, EAST LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.			
SIGNATURE: <u><i>Ronald L. Forde</i></u> RONALD L. FORDE <u>9/1/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9/1/05</u> Daytime Phone #	