

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90399 021 ***150.00

DOCUMENT # P05000017681			
1. Entity Name LUCIA CLEANING SERVICES INC.			
Principal Place of Business 3569 KENT DRIVE NAPLES, FL 34112		Mailing Address 3569 KENT DRIVE NAPLES, FL 34112	
2. Principal Place of Business 10267 BOCA CIRCLE Suite, Apt. #, etc.		3. Mailing Address → SAME Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State	
Zip 34109	Country	Zip	Country
6. Name and Address of Current Registered Agent HEVIEROVA STEINER, LUCIA 3569 KENT DRIVE NAPLES, FL 34112		7. Name and Address of New Registered Agent Name: LUCIA HEVIEROVA STEINER Street Address (P.O. Box Number is Not Acceptable): 10267 BOCA CIRCLE City: NAPLES FL Zip Code: 34109	
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: <i>Lucia Hevierova Steiner</i> REGISTERED AGENT 2/18/06 <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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEVIEROVA STEINER, LUCIA 3569 KENT DRIVE NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10267 BOCA CIR. NAPLES, FL 34109
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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 all other like empowered.			
SIGNATURE: <i>Lucia Hevierova Steiner</i> PRES.		2/18/06 239-777-2873 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			