2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-19-2007 90188 003 ***158.75
P05000019289

07 MAY -7 9:51
TALLAHASSEE FLORIDA

DOCUMENT # P05000019289

1. Entity Name
FLORIDA CLEANING PLUS, INC

Principal Place of Business
1141 CAMBOURNE DR
KISSIMMEE, FL 34758

Mailing Address
~~1141 CAMBOURNE DR~~
~~KISSIMMEE, FL 34758~~

03112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
2499 Hybrid Dr.
Suite, Apt. #, etc.
City & State
Kissimmee, FL
Zip 34758 Country

3. Mailing Address
Suite, Apt. #, etc.
Same
City & State
Zip Country

4. FEI Number
20-2283723
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

APONTE, CLAUDIA
1141 CAMBOURNE DR
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2499 Hybrid Dr.
City Kissimmee FL Zip Code 34758

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 Claudia N Aponte.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 APONTE, CLAUDIA 1141 CAMBOURNE DR KISSIMMEE, FL 34758	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P APONTE, CLAUDIA 2499 HYBRID DRIVE KISSIMMEE, FL 34758	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Claudia N Aponte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #