

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90031 018 ***150.00

DOCUMENT # P05000019959

1. Entity Name
ISAIAH 41 CLEANING SERVICES, INC.



Principal Place of Business
**927 S. GOLDWYN AVENUE
114
ORLANDO, FL 32805**

Mailing Address
**927 S. GOLDWYN AVENUE
114
ORLANDO, FL 32805**

2. Principal Place of Business - No P.O. Box #
155 Abbey Hollow dr
Suite, Apt. #, etc.

3. Mailing Address
155 Abbey Hollow dr
Suite, Apt. #, etc.



07282008 Chg-P CR2E034 (12/06)

City & State
Apopka, FL
Zip
32712 Country
USA

City & State
Apopka, FL 32712
Zip
32712 Country
USA

4. FEI Number
20-1972110 Applied For -
Not Applicable

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

6. Name and Address of Current Registered Agent
**JEANTY, JEANINE
927 S. GOLDWYN AVENUE
114
ORLANDO, FL 32805**

7. Name and Address of New Registered Agent
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

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE	P	<input type="checkbox"/> Delete
NAME	JEANTY, JEANINE	
STREET ADDRESS	927 S. GOLDWYN AVENUE, SUITE 114	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALLACE, WILLIE JR.	
STREET ADDRESS	927 S. GOLDWYN AVENUE, SUITE 114	
CITY-ST-ZIP	ORLANDO, FL 32805	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanine Jeanty	
STREET ADDRESS	155 Abbey Hollow dr	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie Wallace Jr	
STREET ADDRESS	155 Abbey Hollow dr	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #