

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000024404

1. Entity Name
DINAH & MIMI'S FINAL TOUCHE CLEANING SERVICE, INC.



Principal Place of Business
**105 BRIGHTON WAY
 AUBURDALE, FL 33823-2161**

Mailing Address
**105 BRIGHTON WAY
 AUBURDALE, FL 33823-2161**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **20-2368684** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, SHIRLEY D
 105 BRIGHTON WAY
 AUBURDALE, FL 33823-2161**

**DO NOT WRITE
 IN THIS SPACE**

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
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANDERSON, SHIRLEY D 105 BRIGHTON WAY AUBURDALE, FL 338232161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/T LYNCH, MARY M 3223 OAK TREE LANE WINTER HAVEN, FL 33884 |
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**DO NOT WRITE
 IN THIS SPACE**

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: *Shirley D. Anderson* Shirley D. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/2008

Date

863 224-2492

Daytime Phone #