

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90443 012 ***158.75

DOCUMENT # P05000029479

1. Entity Name
J.M. HOME CLEANING SERVICE, CORP.



Principal Place of Business Mailing Address

10605 NOAHS CIR. 10605 NOAHS CIR.
 521 521
 NAPLES, FL 34116 US NAPLES, FL 34116 US

2. Principal Place of Business 3. Mailing Address

4700 25th AVE SW **4700 25th AVE SW**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Naples FL **NAPLES, FL**

Zip Country Zip Country

34116 **USA** **34116** **USA**



03172006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-2406760 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LOPEZ, JOSE J
 10605 OAHNS CIR.
 521
 NAPLES, FL 34116

Name **LOPEZ, JOSE J**

Street Address (P.O. Box Number is Not Acceptable)

4700 25th AVE SW

City **NAPLES** FL Zip Code **34116**

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: *Jose J Lopez* DATE: 3/17/06

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JOSE J	NAME	LOPEZ, JOSE J
STREET ADDRESS	10605 NOAHS CIR. #521	STREET ADDRESS	4700 25th AVE SW
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP	NAPLES FL 34116
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, MATILDE	NAME	LOPEZ, MATILDE
STREET ADDRESS	10605 NOAHS CIR. #521	STREET ADDRESS	4700 25th AVE SW
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP	NAPLES FL 34116
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Jose J Lopez* Date: 3/17/06 Daytime Phone #: 239-353-9006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR