

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90026 023 \*\*\*150.00

DOCUMENT # P05000038944

1. Entity Name  
KORVETTE KLEANING, INC.



Principal Place of Business  
202 SW CRESCENT AVENUE  
PORT ST. LUCIE, FL 34984 US

Mailing Address  
202 SW CRESCENT AVENUE  
PORT ST. LUCIE, FL 34984 US

20048978

2. Principal Place of Business

RRI Box 521  
Suite, Apt. #, etc.

3. Mailing Address

RRI Box 521  
Suite, Apt. #, etc.

06062006 Chg-P CR2E034 (11/05)

City & State

HOBOKEN GA

City & State

HOBOKEN GA

4. FEI Number

20-2492043

Applied For

Not Applicable

Zip  
31542

Country  
USA

Zip  
31542

Country  
USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONRAD, KIMBERLY  
202 SW CRESCENT AVENUE  
PORT ST. LUCIE, FL 34984

7. Name and Address of New Registered Agent

Name  
WILLIAM PEMBROKE

Street Address (P.O. Box Number is Not Acceptable)  
8517 SOUTH US 1

City  
PORT ST. LUCIE FL Zip Code  
34952

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]*  
Signature, typed or printed name of registered agent and title if applicable

WILLIAM PEMBROKE

(NOTE: Registered Agent signature required when reinstating)

6/6/06

Date

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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  
NAME  
P  
CONRAD, KIMBERLY  
STREET ADDRESS  
202 SW CRESCENT AVENUE  
CITY-ST-ZIP  
PORT ST. LUCIE, FL 34984 ☐ Delete

TITLE  
NAME  
VP  
STARR, DANIEL  
STREET ADDRESS  
202 SW CRESCENT AVENUE  
CITY-ST-ZIP  
PORT ST. LUCIE, FL 34984 ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
RRI Box 521  
STREET ADDRESS  
HOBOKEN GA 31542 ☒ Change ☐ Addition

TITLE  
NAME  
RRI Box 521  
STREET ADDRESS  
HOBOKEN GA 31542 ☒ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBERLY CONRAD  
PRESIDENT

Date

Daytime Phone #

772-370-9075