



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90100 036 \*\*\*158.75

<b>DOCUMENT # P05000050122</b> 1. Entity Name <b>CAROLYN'S CLEANING SERVICE INC.</b>					
Principal Place of Business <b>8314 SPRING HILL DRIVE</b> <b>SPRING HILL, FL 34606 US</b>			Mailing Address <b>8314 SPRING HILL DRIVE</b> <b>SPRING HILL, FL 34606 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>5408 St James Drive</b> Suite, Apt. #, etc.			
City & State <b>New Port Richey, FL</b>		City & State <b>New Port Richey, FL</b>		4. FEI Number <b>20-2979486</b>	
Zip <b>34652</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MANISCALCO, CAROLYN A</b> <b>8314 SPRING HILL DRIVE</b> <b>SPRING HILL, FL 34606</b>				7. Name and Address of New Registered Agent Name <b>Kelly Drew</b> Street Address (P.O. Box Number is Not Acceptable) <b>5408 St James Drive</b> City <b>New Port Richey, FL</b> Zip Code <b>34652</b>	
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 <u>Kelly L. Drew</u> <u>Kelly Drew, Accountant</u> <u>3-19-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MANISCALCO, CAROLYN A</b> <input type="checkbox"/> Delete <b>8314 SPRING HILL DRIVE</b> <b>SPRING HILL, FL 34606</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Maniscalco, Carolyn</b> <b>10220 Casey Drive</b> <b>New Port Richey, FL 34654</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-30-06</u> <u>781-816-8847</u> <small>Date Daytime Phone #</small>		