


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90028 004 ***150.00

DOCUMENT # P05000050122 1. Entity Name CAROLYN'S CLEANING SERVICE INC.					
Principal Place of Business 8314 SPRING HILL DRIVE SPRING HILL, FL 34606 US <i>CHANGES</i>			Mailing Address 5408 ST JAMES DR NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business - No P.O. Box # 1375 KASS CIRCLE Suite, Apt. #, etc. SPRING HILL, FL City & State		3. Mailing Address 1375 KASS CIRCLE Suite, Apt. #, etc. SPRING HILL, FL City & State			
Zip 34606 Country HERNANDO		Zip 34606 Country HERNANDO		4. FEI Number 20-2979486 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DREW, KELLY 5408 ST JAMES DR NEW PORT RICHEY, FL 34652	
7. Name and Address of New Registered Agent Name SCOTT OAKES Street Address (P.O. Box Number is Not Acceptable) 10220 CASEY DRIVE City NEW PORT RICHEY FL Zip Code 34654				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 SCOTT OAKES <i>Scott Oakes</i> 4/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MANISCALCO, CAROLYN A 10220 CASEY DR NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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	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.					
SIGNATURE: <i>Carolyn Maniscalco</i> 4/27/07 352-666-1853 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					