

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90066 010 ***150.00

DOCUMENT # P05000057698

1. Entity Name
FIRST CLASS CLEANING GROUP INC.



Principal Place of Business
**2178 NEW YORK ST
W MELBOURNE, FL 32904**

Mailing Address
**2178 NEW YORK ST
W MELBOURNE, FL 32904**

60020767



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282007

Chg-P

CR2E034 (12/06)

4. FEI Number
75-3189352

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351**

7. Name and Address of New Registered Agent

Name **Kimberly Cicchese**
Street Address (P.O. Box Number is Not Acceptable)

2178 New York St

City **W. Melbourne**

FL

Zip Code **32904**

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

Kimberly A. Cicchese

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, 2007 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
**DPVS
CICCHESE, KIMBERLY
2178 NEW YORK ST
W MELBOURNE, FL 32904** ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Kimberly A. Cicchese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07

Date

321-508-4017

Daytime Phone #