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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FICER OR DIRECTOR

DOCUMENT # P05000064139 DALTON'S CLEANING SERVICE, INC Principal Place of Business Mailing Address 5641 81ST AVENUE NORTH 5641 81ST AVENUE NORTH PINELLAS PARK, FL 3378 PINELLAS PARK, FL 3378 2. Principal Place of Business SAM2 AS A 3. Mailing Address SAME AS Above Suite, Apt. #, etc. Suite, Apt. #, etc 02152006 CR2E034 (11/05) 4. FEI Number City & State City & State Applied For 20-278199 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEASLEY, DALTON R Street Address (P.O. Box Number is Not Acceptable) 5641 81ST AVENUE NORTH PINELLAS PARK, FL 33781 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME BEASLEY, DALTON R NAME STREET ADDRESS 5641 81ST AVENUE NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE BEASLEY, SUSAN NAME NAME STREET ADDRESS 5641 81ST AVENUE NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 rustee 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 wit an address, with all other like empowered. SUSAN BEASKY) 04.19.06
RDIRECTOR 72.700/99/96 568