

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90342 006 ***150.00

DOCUMENT # P05000076782					
1. Entity Name CASPER CLEANING SERVICE INC.					
Principal Place of Business 98 ATLANTIC BLVD UNIT B-4 INDIAN HARBOR BEACH, FL 32937			Mailing Address 98 ATLANTIC BLVD UNIT B-4 INDIAN HARBOR BEACH, FL 32937		
2. Principal Place of Business 1566 MONTEREY DR NE		3. Mailing Address SAME			
Suite, Apt. #, etc. APT. 103		Suite, Apt. #, etc.			
City & State PALM BAY, FL		City & State			
Zip 32905		Zip		Country	
4. FEI Number 20-2907232					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ZDROJKOWSKI, TOMASZ S 98 ATLANTIC BLVD UNIT B-4 INDIAN HARBOR BEACH, FL 32937			7. Name and Address of New Registered Agent Name: TOMASZ ZDROJKOWSKI Street Address (P.O. Box Number is Not Acceptable): 1566 MONTEREY DR NE, APT. 103 City: PALM BAY FL Zip Code: 32905		
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 obligation of registered agent. SIGNATURE: <i>Tomasz Zdrojowski</i> REG. AGENT 3/30/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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 ZDROJKOWSKI, TOMASZ S 98 ATLANTIC BLVD, UNIT B-4 INDIAN HARBOR BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1566 MONTEREY DR NE, APT. 103 PALM BAY, FL 32905	
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	
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	
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	
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	
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.					
SIGNATURE: <i>Tomasz Zdrojowski</i>			TOMASZ ZDROJKOWSKI PRES. 3/30/06 321-446-1407		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		