


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90027 028 ***150.00

DOCUMENT # P05000079442	
1. Entity Name AOK SANITIZING, INC.	

Principal Place of Business 1909 WOODHAVEN CIRCLE APT 126 ROCKLEDGE, FL 32955 US	Mailing Address 1909 WOODHAVEN CIRCLE APT 126 ROCKLEDGE, FL 32955 US
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40001040



2. Principal Place of Business 10568 Mossrose Way Suite, Apt. #, etc.	3. Mailing Address 10568 Mossrose Way Suite, Apt. #, etc.
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04262006 Chg-P CR2E034 (11/05)

City & State Orlando, FL	City & State Orlando, FL
Zip 32832	Country Brevard

4. FEI Number 20-2940104	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VACCARO, CHARLES 1909 WOODHAVEN CIRCLE APT 126 ROCKLEDGE, FL 32955	
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7. Name and Address of New Registered Agent Name Vaccaro, Charles Street Address (P.O. Box Number is Not Acceptable) 10568 Mossrose Way City Orlando FL Zip Code 32832	
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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 <i>Charles Vaccaro</i>	Charles Vaccaro, Reg. Agent	04/26/06
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST VACCARO, CHARLES 1909 WOODHAVEN CIRCLE, APT 126 ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Vaccaro, Charles 10568 Mossrose Way Orlando, FL 32832 <input checked="" 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
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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.

SIGNATURE <i>Charles Vaccaro</i>	Charles Vaccaro, Director	04/26/06	954-646-9545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Code	Daytime Phone #