

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/2006-90178-047-\$150.00-\$150.00

FILED

06 JUN -9 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02212006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000082510					
1. Entity Name GET IT DONE RIGHT CLEANING SERVICE INC					
Principal Place of Business 10625 PATHFINDER TRAIL LAKELAND, FL 33809			Mailing Address 10625 PATHFINDER TRAIL LAKELAND, FL 33809		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2962619	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BURDINE, LINDA P 10625 PATHFINDER TRAIL LAKELAND, FL 33809				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (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. ☐ \$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 BURDINE, LINDA P 10625 PATHFINDER TRAIL LAKELAND, FL 33809 ☐ Delete		TITLE NAME STREET ADDRESS 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 110, 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 <u>Linda Burdine</u> 4-22-06 863-816-8364 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		