
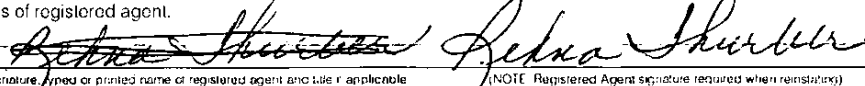


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90014 021 ***150.00

DOCUMENT # P05000087120			
1. Entity Name NA-NA'S CLEANING ENTERPRISE INC			
Principal Place of Business 600 JIMMY ANN DR APT 12211 DAYTONA BEACH FL 32114		Mailing Address 600 JIMMY ANN DR APT 12211 DAYTONA BEACH FL 32114	
2. Principal Place of Business - No P.O. Box # 600 Jimmy ANN Dr. Suite, Apt. #, etc. 2011		3. Mailing Address 600 Jimmy ANN Dr Suite, Apt. #, etc. 2011	
City & State Daytona Beach, FL		City & State Daytona Beach FL	
Zip 32114	Country Volusia	Zip 32114	Country Volusia
6. Name and Address of Current Registered Agent THURBER, REHNA 600 JIMMY ANN DR APT 12211 DAYTONA BEACH FL 32114		7. Name and Address of New Registered Agent Name REHNA Thurber Street Address (P.O. Box Number is Not Acceptable) 600 Jimmy ANN Dr Apt 2011 City DAYTONA FL Zip Code 32114	
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  - 2/2/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			



1st MOORE CR2E034 (10/06)

4. FEI Number 20-3019019
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THURBER, REHNA		NAME	
STREET ADDRESS 600 JIMMY ANN DR APT 12211 2011		STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL 32114		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROOKMAN, JENNIFER		NAME	
STREET ADDRESS 600 JIMMY ANN DR APT 12211 2011		STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL 32114		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 Section 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:  2/2/07 386 334 7928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #