


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90427 025 ***150.00

DOCUMENT # P05000089156	
1. Entity Name CLERICAL SOLUTIONS, INC.	

Principal Place of Business 308 CHANNEL DRIVE TAMPA, FL 33606	Mailing Address 308 CHANNEL DRIVE TAMPA, FL 33606
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2. Principal Place of Business 1232 Vinetree Drive	3. Mailing Address P.O. Box 4295
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Brandon, Florida	City & State Tampa, Florida
Zip 33510	Country USA
Zip 33677	Country



05012006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent DUCOTE, JEAN 308 CHANNEL DRIVE TAMPA, FL 33606	
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7. Name and Address of New Registered Agent Name Jean Ducote Street Address (P.O. Box Number is Not Acceptable) 1232 Vinetree Drive City Brandon FL 33510	
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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 Jean Ducote Jean Ducote	DATE 5/01/06

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUCOTE, JEAN 308 CHANNEL DRIVE TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Jean Ducote 1232 Vinetree Drive Brandon, FL 33510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Joseph Ducote 1232 Vinetree Drive Brandon, FL 33510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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: Jean Ducote Jean Ducote	DATE 5/01/06 813 661-6594