2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000098940

1. Entity Name
GI CLEANING CORPORATION

Principal Place of Business	Mailing Address
166 MONARCH DR SANTA ROSA BEACH, FL 34259	166 MONARCH DR SANTA ROSA BEACH, FL 34259

DO NOT WRITE IN THIS SPACE

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number 90-0158807	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

HEFFRON, RAY C
123 SKY HIGH DUNE DR
SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE

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_____

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000653831 03/13/07-80036-024 150.00

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEFFRON, GABRIELE M 123 SKY HIGH DUNE DR SANTA ROSA BEACH, FL 34259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LACY, SALVATORICA 166 MONARCH DR SANTA ROSA BEACH, FL 34259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**DO NOT WRITE** **IN THIS SPACE**
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: _____ SALVATORICA LACY   VP   2·20·07   850·259·8652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #