


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P05000101913 1. Entity Name COMMERCIAL CLEANING SERVICES BY MARE-N-ROB, INC. |  |
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| Principal Place of Business 12668 GATHERING OAKS DRIVE JACKSONVILLE, FL 32258 US | Mailing Address 12668 GATHERING OAKS DRIVE JACKSONVILLE, FL 32258 US |
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DO NOT WRITE IN THIS SPACE



07132007 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 20-3184850 | Applied For <input type="checkbox"/> Not Applicable |
| 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 FLANAGAN, ROBERT P 12668 GATHERING OAKS DRIVE JACKSONVILLE, FL 32258 | DO NOT WRITE IN THIS SPACE |
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FLANAGAN, MARIANNE 12668 GATHERING OAKS DRIVE JACKSONVILLE, FL 32258 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FLANAGAN, ROBERT P 12668 GATHERING OAKS DRIVE JACKSONVILLE, FL 32258 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FLANAGAN, MARIANNE 12668 GATHERING OAKS DRIVE JACKSONVILLE, FL 32258 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FLANAGAN, ROBERT P 12668 GATHERING OAKS DRIVE JACKSONVILLE, FL 32258 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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08/20/07-80002-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **8/10/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #