

HANLEY-B-HANLEY

4/24/2

FILED
May 19, 2006 8:00 am
Secretary of State

04-24-2006 90410 044 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000114744			
1. Entity Name PRISTINE CLEANING, INC.			
Principal Place of Business 6125 BANYAN STREET COCOA, FL 32927		Mailing Address 6125 BANYAN STREET COCOA, FL 32927	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent MILLER, CHRISTINE 6125 BANYAN STREET COCOA, FL 32927		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 leaving with, and accepting the obligations of registered agent.			
SIGNATURE _____ Signature of person or entity of registered agent and not applicable Signature of Registered Agent, if different from above 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-STATE-ZIP	P MILLER, CHRISTINE 6125 BANYAN STREET COCOA, FL 32927 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP DENHARD, STACEY 5316 SEBASTIAN WAY #303 ROCKLEDGE, FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
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: <u>Christine R. Miller</u>		4/18/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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03282006 Chg-P CR2E034 (11/05)

4. FEI Number **84-1690146** ☒ Applied For ☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**