

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000115634**

**1. Entity Name**  
**BUSY BEE DO IT RIGHT CLEANING SERVICE INC**



**Principal Place of Business**  
**1847 RAFUSE CIRCLE**  
**BALDWIN, FL 32234**

**Mailing Address**  
**1847 RAFUSE CIRCLE**  
**BALDWIN, FL 32234**



**04112007 No Chg-P CR2E034 (11/05)**

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>20-3404293</b>	<b>Applied For</b> <b>Not Applicable</b>
---	---

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

**6. Name and Address of Current Registered Agent**

**RAFUSE, SANDRA**  
**1847 RAFUSE CIRCLE**  
**JACKSONVILLE, FL FL**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retesting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be**  
**Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PRES</b>
<b>NAME</b>	<b>RAFUSE, SANDRA</b>
<b>STREET ADDRESS</b>	<b>1847 RAFUSE CIRCLE</b>
<b>CITY-ST-ZIP</b>	<b>BALDWIN, FL 32234</b>

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>RAFUSE, OSCAR</b>
<b>STREET ADDRESS</b>	<b>1847 RAFUSE CIRCLE</b>
<b>CITY-ST-ZIP</b>	<b>BALDWIN, FL 32234</b>

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>PADGETT, RITA</b>
<b>STREET ADDRESS</b>	<b>402 PRINGLE ROAD</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE, FL 32234</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000706806  
04/24/07-80051-003 150.00

**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 the empowered.**

**SIGNATURE:** *Sandra Rafuse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-11-07* *509-1764*  
Date Daytime Phone #