

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90007 024 ***150.00

DOCUMENT # P05000118803

1. Entity Name
JACKIE'S GOTCHA COVERED CLEANING SERVICE, INC



Principal Place of Business
**197 ERIE DRIVE
NAPLES, FL 34110**

Mailing Address
**197 ERIE DRIVE
NAPLES, FL 34110**

2. Principal Place of Business - No P.O. Box #
178 Sand Drive
Suite, Apt. #, etc.

3. Mailing Address
178 Sand Drive
Suite, Apt. #, etc.



02252008 Chg-P CR2E034 (12/06)

City & State
Naples, FL
Zip
34104 Country
USA

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Naples, FL
Zip
34104 Country
USA

4. FEI Number
59-3523978 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITE, JACQULYN M
197 ERIE DRIVE
NAPLES, FL 34110**

7. Name and Address of New Registered Agent

Name
White, Jacquelyn M
Street Address (P.O. Box Number is Not Acceptable)
178 Sand Drive
City
Naples FL Zip Code
34104

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
Jacquelyn M White
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
2-25-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P WHITE, JACQULYN M
197 ERIE DRIVE
NAPLES, FL 34110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P WHITE, JACQULYN M
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NAPLES, FL 34110** ☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
White, Jacquelyn M ☒ Change ☐ Addition
**178 Sand Drive
Naples, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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: **Jacquelyn M White**
Signature and typed or printed name of signing officer or director

DATE
2-25-08 Daytime Phone #
239-825-4260