## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132225

Entity Name: LE SHER'S CLEANING SERVICE, INC.

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

86039 MAPLE LEAF PL YULEE, FL 32097

Current Mailing Address: New Mailing Address:

86039 MAPLE LEAF PLACE YULEE, FL 32097

FEI Number: 32-0161311 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, TIMOTHY
2120 NW 188TH TERRACE
MIAMI GARDENS, FL 33056 US

SMITH, TIMOTHY
86039 MAPLE LEAF PLACE
YULEE, FL 32097 US

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.

SIGNATURE: TIMOTHY SMITH 02/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: SMITH, TIMOTHY Name: SMITH, TIMOTHY

Address: 2120 NW 188TH TERRACE Address: 86039 MAPLE LEAF PLACE

City-St-Zip: MIAMI GARDENS, FL 33056 City-St-Zip: YULEE, FL 32097

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

Name: SMITH, SHERRYL L
Address: 2120 NW 188TH TERRACE Name: SMITH, SHERRYL L
Address: 86039 MAPLE LEAF PLACE

City-St-Zip: MIAMI GARDENS, FL 33056 City-St-Zip: YULEE, FL 32097

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY SMITH P 02/23/2009