


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000142231 1. Entity Name S & T CLEANING SERVICES, INC.	
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Principal Place of Business 10246 CR 209 OXFORD, FL 34484 US	Mailing Address 10246 CR 209 OXFORD, FL 34484 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STOLLAR, JULIE 10246 CR 209 OXFORD, FL 34484	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May 1, 2007 Added to Fees	700103723407 2007-01070-006 **150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STOLLAR, JULIE 10246 CR 209 OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAMBERS, TARA 600 POWELL STREET WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

9/12/07

**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: *Julie Stollar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *9/12/07* Daytime Phone # _____

FILED
07 SEP 14 PM 3:04
CLERK OF STATE
TALLAHASSEE, FLORIDA



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3690827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required