


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000161689 1. Entity Name GOT IT MAID CLEANING SERVICES, INC.	
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Principal Place of Business 5 ARMAND BEACH DRIVE PALM COAST, FL 32137	Mailing Address 5 ARMAND BEACH DRIVE PALM COAST, FL 32137
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01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2549941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COMBS, LORI L 5 ARMAND BEACH DRIVE PALM COAST, FL 32137
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**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 reinstating)

**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

000000789662
01/23/08-80002-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMBS, LORI L 5 ARMAND BEACH DRIVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMBS, ELLIS D 5 ARMAND BEACH DRIVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COMBS, BEAU E 5 ARMAND BEACH DRIVE PALM COAST, FL 32137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Lori L Combs* LORI L COMBS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan-16-08
Date

Daytime Phone #