2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-09-2007 90094 025 ***150.00
P05000167593

FILED
07 JUN 20 PM 12: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000167593

1. Entity Name
ERICA OLIVER CLEANING SERVICE INC.

Principal Place of Business	Mailing Address
P.O. 7553 NORTH PORT 34287	P.O. 7553 NORTH PORT 34287

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6437 Tidwell St.	PO Box 1902
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port FL	City & State: Englewood FL
Zip: 34286 Country	Zip: 34295 Country

4. FEI Number 20-4020885 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RUHL, RICHARD A
210 WOOD ST
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST-ZIP	PRES OLIVER, ERICA A 6396 TIDWELL ST NORTH PORT FL 34286	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Erica A. Oliver 4/24/07 (941) 380-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #