

2007 FOR PROFIT CORPORATE ANNUAL REPORT

FILED

Mar 26, 2007 8:00 am
Secretary of State

02-28-2007 90007 026 ***150.00

DOCUMENT # P06000006683			
1. Entity Name D & A CLEANING SERVICE, INC.			
Principal Place of Business 6828 MONARCH PARK DR APOLLO BEACH, FL 33572		Mailing Address 6828 MONARCH PARK DR APOLLO BEACH, FL 33572	
2. Principal Place of Business - No P.O. Box # 6618 Carrington Sky Dr.		3. Mailing Address 6618 Carrington Sky Dr.	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Apollo Beach, FL		City & State Apollo Beach, FL	
Zip 33572		Zip 33572	
Country		Country	
4. FET Number 260813409		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name: Marsha Weisse, CPA Street Address (P.O. Box Number is Not Acceptable) 4110 Kensington Ave. City: Tampa FL Zip Code: 33629	
8. The above information is submitted 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 obligation of, the registered agent.			
SIGNATURE: <u>Marsha Weisse, CPA</u>		DATE: _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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-STATE-ZIP	D BLAKE, DWIGHT 6828 MONARCH PARK DR APOLLO BEACH, FL 33572 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Blake, Dwight 6618 Carrington Sky Dr. Apollo Beach, FL 33572 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BLAKE, ALEATHA 6828 MONARCH PARK DR APOLLO BEACH, FL 33572 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Blake, Aleatha 6618 Carrington Sky Dr. Apollo Beach, FL 33572 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 information.			
SIGNATURE: <u>[Signature]</u>		2-10-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66006626



01062007 Chg P CR2E034 (12/06)

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000006683

1. Entity Name
D & A CLEANING SERVICE, INC.



ATTACHMENT

Principal Place of Business
6828 MONARCH PARK DR
APOLLO BEACH, FL 33572

Mailing Address
6828 MONARCH PARK DR
APOLLO BEACH, FL 33572

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062007 Chg-P CR2E034 (12/06)

4. FEI Number **96-08-13409** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

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

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 D ☐ Delete
NAME BLAKE, DWIGHT
STREET ADDRESS 6828 MONARCH PARK DR
CITY-STATE-ZIP APOLLO BEACH, FL 33572

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

TITLE D ☐ Delete
NAME BLAKE, ALEATHA
STREET ADDRESS 6828 MONARCH PARK DR
CITY-STATE-ZIP APOLLO BEACH, FL 33572

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #