## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90204 006 \*\*\*150.00

1. Entity Na	JMENT # P0600001 ame LEANING COMPANY	3067				01-16-2007	90204 006 ***	150.00
Principal Pl	ace of Business			7		- 0 0		
PO BOX 213 ALACHUA, FL 32616		PO BOX 213 ALACHUA, FL 32616			60000902			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Ci		3. Mailing Address  Suite, Apt. #, etc.						
					01052007 Chg-P		CR2E034 (12/06)	
City & St	ate	City & State			4. FEI Numbe	424359/		Applied For Not Applicab
Zip	Country	Zip	Coun	itry		of Status Desired	\$8.75 A	Additional
·	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New Re	gistered Agent	
LUCKEY	IOHN			Name	may Br	ت ا ندن		
LUCKEY, JOHN 4045 NW 43RD ST A				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
GAINESV	/ILLE, FL 32606 \$			14211 City 0: 1	NW 130	"Terrac	. e	ndo.
8. The above	e named entity submits this statement profits of register of agent.	or the purpose of changing its	registere	Hlack	red agent, or both	, in the State of Flor	FL Zip Sida. I am familiar wit	ode 2 <i>G/ G</i> h, and accep
SIGNATURE	Jahny Strague, typed or printer name fregistered agent	Ind title if applicable (NOT)	E Basistan	Agent signature required			18/07	
Fil After M	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai	ign Finan	cing _ \$5.	.00 May Be ed to Fees		DATE	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFIC	ERS AND DIRECTO	DC IN 11
TITLE	Р	☐ Delele	TITLE	T			Change	
NAME	BROWN, JOHNNY		NAME	ĺ				
STREET ADDRESS CITY-ST-ZIP	PO BOX 213			T ADDRESS				
	ALACHUA, FL 32616		CITY-	ST · ZIP		- <u>-</u> -		
TITLE NAME		☐ Delete	TITLE	İ			☐ Change	Addition
STREET ADDRESS			NAME	r address				
CITY-ST-ZIP			CITY-S	1				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME				oninge	
STREET ADDRESS CITY-SI-ZIP	•			ADDRESS				
TITLE		——————————————————————————————————————	CITY-S	1-214	<del>-</del>			
NAME		☐ Delete	TITLE	1			☐ Change	Addition
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addilion
NAME EXPERT ADDOCCO			NAME				omigo	L., 19900011
STREET ADDRESS CITY-ST-ZIP				ADDRESS				
TITLE			CITY-S	1-218				
NAME		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS				ADDRESS				
CITY-\$7-ZIP			CITY-ST					

12. I hereby certify that the information supplied with this filling 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 chapter 607, or on an attachment with an abdress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Daytime Phone #

## 2007 FOR PROFIT\_CORPORATION ANNUAL REPORT

## ATTACHMENT

DOCUMENT # P0600001.  1. Entity Name B & B CLEANING COMPANY	3067						
Principal Place of Business	Mailing Address		¬ ,	66(C)(O)			
PO BOX 213 Alachua, Fl 32616	PO BOX 213 ALACHUA, FL 32616		U	,0000902			
Principal Place of Business - No P.O. Box #	3. Mailing Address		Call tribing out the	and the first of t			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01052007 Chg-P	CR2E034 (12/06)			
City & State	City & State		4. FEI Number 20 - 42435	Applied For Not Applicable			
Zip Country	Zip	Country	5. Certificate of Status De	_ \$9.75 Additional			
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of	New Registered Agent			
LUCKEY, JOHN 4045 NW 43RD ST		٥٠	Street Address (P.O. Box Number is Not Acceptable)				
A GAINESVILLE, FL 32606	Low	14211 NW 136 th Terrace					
The above named entity submits this statement	or the purpose of changing its	Hlac		FL Zip Sode Le of Florida. I am familiar with, and accept			
the obligations of register to agent.  SIGNATURE Jahnny	1/5-			1/8/07			
	nt and title if applicable. (NO	TE. Registered Agent signature requ	ired when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Con	· · · · ·	5.00 May Be dded to Fees				
10. OFFICERS AND		11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTORS IN 11			
ITILE P  NAME BROWN, JOHNNY  STREET ADDRESS PO BOX 213  CITY-ST-ZIP ALACHUA, FL 32616	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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			
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition			
CITY-ST-ZIP		CITY-ST-ZIP					
I hereby certify that the information supplied wi indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachmont with an abdress	is true and accurate and that powered to execute this reppr	CITY-ST-ZIP  for the exemptions contain my signature shall have the rt as required by Chapter 6	no samo legal ettect as it made.	under dath: that I am an officer of director I I			