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

## May 01, 2007 8:00 am Secretary of State DOCUMENT # P06000013795 05-01-2007 90030 029 \*\*\*150.00 FOWLER'S CLEANING SERVICE INC Principal Place of Business Mailing Address 172 EAST SAN JOSE STREET 172 EAST SAN JOSE STREET 40022240 PALATKA, FL 32177 PALATKA, FL 32177 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chg-P CR2E034 (12/06) City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOWLER, LORI Street Address (P.O. Box Number is Not Acceptable) 172 EAST SAN JOSE STREET PALATKA, FL 32177 City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete Addition TITLE ☐ Change TOTLE NAME FOWLER, LORI NAME 172 EAST SAN JOSE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition FOWLER, HANNAH N NAME NAME 172 EAST SAN JOSE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 CITY-ST-ZIP ☐ Delete THLE [] Change Addition TITLE BOTTORFF, KIMBERLY S NAME 489 STOKES LANDING ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALATKA, FL 32177 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE □ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify to 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

NAME

STREET ADDRESS

☐ Delete

FILED

Change

Addition