2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State
03-29-2007 90018 005 ***158.75

DOCUMENT # P06000015829

1. Entity Name
EXTREME CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address
657 8TH CT. VERO BEACH, FL 32962	657 8TH CT. VERO BEACH, FL 32962

03272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2906 Atlantic Blvd	2906 Atlantic Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach Fl	City & State: Vero Beach Fl
Zip: 32960 Country: I.R.	Zip: 32960 Country: I.R.

4. FEI Number: 11-3769278 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIOCCO, NICHOLAS
657 8TH CT.
VERO BEACH, FL 32962

7. Name and Address of New Registered Agent

Name: Sheila DiRocco
Street Address (P.O. Box Number is Not Acceptable): 2906 Atlantic Blvd.
City: Vero Beach FL Zip Code: 32960

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] / Sheila K. DiRocco 3/27/07
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 NAME STREET ADDRESS CITY-ST-ZIP	V DIROCCO, TONY 2906 ATLANTIC BLVD. VERO BEACH, FL 32960	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasorer Maria DiRocco 657 8th court Vero Beach Fl. 32962	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIROCCO, SHELIA 2906 ATLANTIC BLVD. VERO BEACH, FL 32960	☑ 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 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] / Sheila K. DiRocco 3/27/07 772-473-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #