

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90015 002 \*\*\*150.00

**DOCUMENT # P06000018535**

1. Entity Name  
GILMORE OFFICE CLEANING, INC.



Principal Place of Business  
4601 NE 14TH AVE  
POMPAHO BEACH, FL 33064

Mailing Address  
% ALLEN H. KATZ, P.A.  
13900 S. JOG ROAD, #206-276  
DELRAY BEACH, FL 33446

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

3. Mailing Address  
13900 S JOG ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

\* 203-276

City & State

City & State  
DELRAY BEACH, FL

Zip

Country

Zip

33446

Country

01232008

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-4294673

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KATZ, ALLEN PA  
2800 E COMMERCIAL BLVD STE 208  
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name  
KATZ, ALLEN P.A.

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

13900 S. JOG ROAD #203-276

City  
DELRAY BEACH

FL

Zip Code  
33446

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 *Allen H. Katz*

*Allen H. Katz*

*1/23/08*

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GILMORE, BETTY  
4601 NE 14TH AVE  
POMPAHO BEACH, FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GILMORE, TRACEY  
4601 NE 14TH AVE  
POMPAHO BEACH, FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
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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: *Betty Gilmore* Betty Gilmore

*4-21-08*

954 928-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #