


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State


04-30-2008 90200 034 ***150.00

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| DOCUMENT # P06000036457 1. Entity Name EXTREME CLEANING OF HIGHLANDS, INC. |  |
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| Principal Place of Business 1519 EVANGELING AVE SEBRING, FL 33870 | Mailing Address 1519 EVANGELING AVE SEBRING, FL 33870 |
|---|---|

DO NOT WRITE IN THIS SPACE

60034291



01292008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 51-0575312 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

TOWNSEND, DARREN L
1519 EVANGELING AVE
SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when restateing) DATE: _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TOWNSEND, DARREN L 1519 EVANGELING AVE SEBRING, FL 33870 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST TOWNSEND, REBECCA A 1519 EVANGELING AVE SEBRING, FL 33870 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TOWNSEND, REBECCA A 2911 NORTH TOWNSEND ROAD AVON PARK, FL 33825 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: *Darren L. Townsend*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08 863-382-9333
Date Daytime Phone #