

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064622

FILED
Jan 17, 2007
Secretary of State

Entity Name: HANDMAIDENS CLEANING SERVICE, INC.

Current Principal Place of Business:

5557 OREGON TRAIL
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

535 SW NIGHTINGALE ST
KEYSTONE HEIGHTS, FL 32656 US

Current Mailing Address:

5557 OREGON TRAIL
MIDDLEBURG, FL 32068 US

New Mailing Address:

535 SW NIGHTINGALE ST
KEYSTONE HEIGHTS, FL 32656 US

FEI Number: 43-2104249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEESE, HEATHER E
5557 OREGON TRAIL
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

NEELD, MISTY M
535 SW NIGHTINGALE
KEYSTONE HEIGHTS, FL 32656 US

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.

SIGNATURE: MISTY M NEELD

01/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEESE, HEATHER E
Address: 5557 OREGON TRAIL
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP () Delete
Name: NEELD, MISTY M
Address: 294 NORTH MIMOSA AVENUE
City-St-Zip: MIDDLEBURG, FL 32068 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEELD, MISTY M
Address: 535 SW NIGHTINGALE ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: VP (X) Change () Addition
Name: LINDLEY, JENNIFER L
Address: 535 SW NIGHTINGALE ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MISTY M NEELD

P

01/17/2007

Electronic Signature of Signing Officer or Director

Date