


**FOR PROFIT CORPORATION  
ANNUAL REPORT 2012**

For Office Use Only  
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**DOCUMENT #**  
1. Entry Name  
PO6000066241  
FAMILY CHRISTIAN CLEANING, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #  
955 Ethan Allen St.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 9358  
Suite, Apt. #, etc.

City & State Jacksonville, FL

City & State Jacksonville, FL

4. FEI Number 204853611

Applied For Not Applicable

5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Antionette Lane

Street Address (P.O. Box Number if Not Acceptable) 11454 Manatee Dr.

City Jacksonville FL Zip Code 32218

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 *Antionette Lane* Antionette Lane 6/13/12

(NOTE: Registered Agent signature required when submitting)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

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	President Trene Wilson 955 Ethan Allen St. JAX, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Antionette Lane 11454 Manatee Dr. JAX, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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600236514456  
06/18/12--01039--012 \*\*150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Antionette Lane* Antionette Lane 6/13/12

SIGNATURE AND TYPE FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
 JUN 18 AM 8:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 CRR 034B (5/07)