


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P06000078226 1. Entity Name MANZUETTI CLEANING SERVICE, INC. |  |
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|---|---|
| Principal Place of Business 424 S. 13TH TERRACE FERNANDINA BEACH, FL 32034 US | Mailing Address 424 S. 13TH TERRACE FERNANDINA BEACH, FL 32034 US |
|---|---|

DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**MANZUETTI, CARMEN
424 S. 13TH TERRACE
FERNANDINA BEACH, FL 32034**

**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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | 000000844059 03/12/08-80021-007 158.75 |
|---|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MANZUETTI, CARMEN 424 S. 13TH TERRACE FERNANDINA BEACH, FL 32034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MANSUETI, MABEL 424 S. 13TH TERRACE FERNANDINA BEACH, FL 32034 |
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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: *Carmen Manzuetti* **CARMEN MANZUETTI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #