2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90012 014 ***158.75

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02072007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000086382

1. Entity Name
SPICK N SPAN CLEANING, INC.

Principal Place of Business	Mailing Address
3501 WEST VINE STREET SUITE 389 KISSIMMEE, FL 34741	14900 E. ORANGE LAKE BLVD. SUITE 105 KISSIMMEE, FL 34747

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2142 Pekoe Court	AS ABOVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont FL	City & State
Zip: 34714 Country: USA	Zip / Country

4. FEI Number: 56-2441745 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, RICHARD B 7919 MAGNOLIA BEND COURT KISSIMMEE, FL 34747	Name: Williams, Richard B. Street Address (P.O. Box Number is Not Acceptable): 2142 Pekoe Court City: Clermont FL Zip Code: 34714

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: RB Williams
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDT ☐ Delete	TITLE	Williams, Richard B. ☑ Change ☐ Addition
NAME	WILLIAMS, RICHARD B	NAME	2142 Pekoe Court
STREET ADDRESS	7919 MAGNOLIA BEND COURT	STREET ADDRESS	Clermont, FL 34714
CITY-ST-ZIP	KISSIMMEE, FL 34747	CITY-ST-ZIP	
TITLE	VDS ☐ Delete	TITLE	Williams, Kim ☑ Change ☐ Addition
NAME	WILLIAMS, KIM	NAME	2142 Pekoe Court
STREET ADDRESS	7919 MAGNOLIA BEND COURT	STREET ADDRESS	Clermont, FL 34714
CITY-ST-ZIP	KISSIMMEE, FL 34747	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: KIM WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #