


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P06000110751 1. Entity Name GLADYS CLEANING SERVICE, INC. OF OCALA	
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Principal Place of Business 2623 S.W. 20TH CIRCLE OCALA, FL 34474 US	Mailing Address P. O. BOX 6006 OCALA, FL 34478 US
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5433652	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOURAKRE, SHARON P CPA 2691 S.E. 52ND STREET OCALA, FL 34480
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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

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCHADIE, GLADYS D 2623 S.W. 20TH CIRCLE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCHADIE, HARRY J III 2623 S.W. 20TH CIRCLE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARCHADIE, GLADYS D 2623 S.W. 20TH CIRCLE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MARCHADIE, GLADYS D 2623 S.W. 20TH CIRCLE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/13/08-80037-013 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glady Marchadie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____