


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90004 034 ***150.00

DOCUMENT # P06000132134 1. Entity Name JESSICA CLEANING SERVICES INC <i>es El nombre de mi hija</i>			
Principal Place of Business 4021 BARBARA AVE HAINES CITY, FL 33844		Mailing Address P.O. BOX 2482 DAVENPORT, FL 33836 US	
2. Principal Place of Business - No P.O. Box # 4021 Barbara Ave		3. Mailing Address PO BOX 2482	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Haines City FL		City & State DAVENPORT FL	
Zip 33844	Country USA	Zip 33836	Country USA
6. Name and Address of Current Registered Agent VAZQUEZ, HAYDEE 4021 BARBARA AVE HAINES CITY, FL 33844 <i>Business closed - no many \$0.00</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAZQUEZ, HAYDEE 4021 BARBARA AVE HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Haydee VS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	

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05032007 Chg-P CR2E034 (12/06)

4. FEI Number ☐ Applied For
☒ Not Applicable

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