## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000005715

STEWART, WILLIE

9200 SCARLET OAK AVENUE

FORT MYERS, FL 33967 US

Name:

Address: City-St-Zip:

FILED Jun 25, 2009 Secretary of State

Entity Name: MARY STEWART CLEANING, INC. **Current Principal Place of Business: New Principal Place of Business:** 9200 SCARLET OAK AVENUE FORT MYERS, FL 33967 **Current Mailing Address: New Mailing Address:** 9200 SCARLET OAK AVENUE FORT MYERS, FL 33967 FEI Number: 32-0191538 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: STEWART, MARY STEWART, MARY PRES 9200 SCARLET OAK AVENUE 9200 SCARLET OAK AVENUE FORT MYERS, FL 33967 FORT MYERS, FL 33967 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. SIGNATURE: MARY STEWART 06/25/2009 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete () Change () Addition STEWART, MARY Name: Name: 9200 SCARLET OAK AVENUE Address: Address: City-St-Zip: FORT MYERS, FL 33967 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: STEWART, WILLIE Name: 9200 SCARLET OAK AVENUE Address: Address: FORT MYERS, FL 33967 US City-St-Zip: City-St-Zip: Title: () Delete Title: SECT () Change () Addition STEWART, WILLIE Name: Name: 9200 SCARLET OAK AVENUE Address: Address: FORT MYERS, FL 33967 US City-St-Zip: City-St-Zip: Title: DIR ( ) Delete Title: () Change () Addition STEWART, MARY Name: Name: Address: 9200 SCARLET OAK AVENUE Address: City-St-Zip: FORT MYERS, FL 33967 US City-St-Zip: Title: DIR Title: ( ) Delete

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIE STEWART **TRES** 06/25/2009

() Change () Addition