

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-14-2008 90087 042 ***150.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # P07000016715 1. Entity Name BUSYBOTTI'S CLEANING SERVICE, INC | | | | | |
| Principal Place of Business 2058 SE BISBEE STREET PORT SAINT LUCIE, FL 34952 | | | Mailing Address 2058 SE BISBEE STREET PORT SAINT LUCIE, FL 34952 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-8403674 | |
| 5. Certificate of Status Desired - <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> | |
| 5. Certificate of Status Desired - <input type="checkbox"/> | | | | Not Applicable <input type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent BOTTI, GERARD D 2058 SE BISBEE STREET PORT SAINT LUCIE, FL 34952 | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOTTI, GERARD D 2058 SE BISBEE STREET PORT SAINT LUCIE, FL 34952 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| 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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| 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, without other fee empowered. | | | | | |
| SIGNATURE: <i>Gerard D Botti</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-9-08 772-284-3956 <small>Date Daytime Phone #</small> | | |

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01072008 Chg-P CR2E034 (12/06)