

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021438

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: BARBARA C BOYD'S CLEANING SERVICES, INC

**Current Principal Place of Business:**

44289 WOODRIDGE DRIVE  
CALLAHAN, FL 32011

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5025  
CALLAHAN, FL 32011

**New Mailing Address:**

FEI Number: 20-8636389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONNER, ANNIE J  
20875 COUNTY ROAD 121  
HILLIARD, FL 32046 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CONNER, ANNIE J  
Address: 20875 COUNTY ROAD 121  
City-St-Zip: HILLIARD, FL 32046

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: RHODEN, MELISA K VP  
Address: 7738 MADISON DRIVE  
City-St-Zip: GLEN ST.MARYS, FL 32040

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.

SIGNATURE: MELISA K RHODEN

VP

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date