

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046531

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** CHRISTINE GRACE CLEANING AND LANDSCAPING SERVICES, INC.

**Current Principal Place of Business:**

581 CHAFFEE ROAD NORTH  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

4125 RUBY DR. W  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

581 CHAFFEE ROAD NORTH  
JACKSONVILLE, FL 32220

**New Mailing Address:**

4125 RUBY DR. W  
JACKSONVILLE, FL 32246

**FEI Number:** 20-8960842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELA CRUZ, ALEX C SR.  
101 CENTURY 21 DR.  
111  
JACKSONVILLE, FL 32216 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

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:**

Title: P ( ) Delete  
Name: SENA, RAMON A  
Address: 8050 103RD STREET, APT. N5  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SVP ( ) Delete  
Name: SENA, MARIA D  
Address: 581 CHAFFEE ROAD N  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D ( ) Delete  
Name: SENA, KIMBERLY H  
Address: 4125 RUBY DR W  
City-St-Zip: JACKSONVILLE, FL 32246

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

Title: P (X) Change ( ) Addition  
Name: SENA, RAMON A  
Address: 4125 RUBY DR. W  
City-St-Zip: JACKSONVILLE, FL 32246

Title: SVP (X) Change ( ) Addition  
Name: SENA, MARIA D  
Address: 4125 RUBY DR. W  
City-St-Zip: JACKSONVILLE, FL 32246

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

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:** RAMON A. SENA

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date