

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104493

FILED
Jan 14, 2008
Secretary of State

Entity Name: NICHOLL'S CLEANING SERVICES,INC

Current Principal Place of Business:

1196 TIVOLI DR
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

1196 TIVOLI DR
DELTONA, FL 32725

New Mailing Address:

FEI Number: 26-1113094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICHOLL'S, HUGO E
1196 TIVOLI DR
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

NICHOLLS, HUGO E
1196 TIVOLI DR
DELTONA, FL 32725 US

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: HUGO E. NICHOLLS

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICHOLL'S, HUGO E
Address: 1196 TIVOLI DR
City-St-Zip: DELTONA, FL 32725

Title: VP () Delete
Name: NICHOLL'S, JOHANA
Address: 1196 TIVOLI DR
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: NICHOLL'S, ERIKA
Address: 1196 TIVOLI DR
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: DEL P. DAVILA, JUANA
Address: 1196 TIVOLI DR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NICHOLLS, HUGO E
Address: 1196 TIVOLI DR
City-St-Zip: DELTONA, FL 32725

Title: VP (X) Change () Addition
Name: NICHOLLS, JOHANA
Address: 1196 TIVOLI DR
City-St-Zip: DELTONA, FL 32725

Title: S (X) Change () Addition
Name: NICHOLLS, ERIKA
Address: 1196 TIVOLI DR
City-St-Zip: DELTONA, FL 32725

Title: T (X) Change () Addition
Name: DAVILA, JUANA P
Address: 1196 TIVOLI DR
City-St-Zip: DELTONA, FL 32725

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: HUGO NICHOLLS

P

01/14/2008

Electronic Signature of Signing Officer or Director

Date