2008 FOR PROFIT CORPORATION

FILED Apr 18, 2008 8:00 am Secretary of State

		ANNUA	LK	EPORT					Secret	tary	01.2	tate
DOCUMENT # P07000112588										-	5 047 ***1	
1. Entity Name JUANITA'S CLEANING SERVICE INC.												
JUANITA	S CLEAI	NING SERVICE II	NC.									
Principal Place of Business			Ma	Mailing Address								
2313 S. SUMMERLIN AVE.				2313 S. SUMMERLIN AVE.					•			
SANFORD, FL ⁻ 32771 US			Si	SANFORD, FL 32771 US								
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.		1 5	Suite, Apt. #, etc.				04162008	Chg-P	CR2E	034 (12/06)		
City & State				City & State			1	4. FEI Numbe	4172		<u> </u>	oplied For
Zip Country		7	Zip		Country			of Status Desired		\$8.75 Add	ditional	
	6. Name	and Address of Currer	nt Regist	tered Agent				7. Name and	Address of New	Registered	Fee Require	
		100				Name			· · · · · · · · · · · · · · · · · · ·		V .	
LATHROP, JUANITA F 2313 S. SUMMERLIN AVE. SANFORD, FL 32771					Street Address (P.O. Box Number is Not Acceptable)							
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						City				F	L Zip Cod	e
8. The above	named entit	ty submits this statement tered agent.	for the p	urpose of changing its	register	ed office or reg	gistered	d agent, or boti	n, in the State of F	lorida. I ar	m familiar with,	and accept
SIGNATURE		or printed name of registered age	ent and title i	f applicable. (NOTI	E: Registere	d Agent signature re	réquired wh	nen reinstaling)	·	DATE		
	Signature, typed		ent and title i	<u></u> .						DATE		
FIL	Signature, typed	FEE IS \$150.00		9. Election Campai Trust Fund Cont	ign Finar		\$5.00	O May Be		DATE		
FIL After M	Signature, typed	FEE IS \$150.00 8 Fee will be \$550	0.00	9. Election Campai Trust Fund Cont	ign Finar	ncing _	\$5.00 Added	O May Be to Fees	CHANGES TO OF			S IN 11
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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 arechment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08

352-459-797

Daytime Phone #