

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

8/

Aug 28, 2008 8:00 am
Secretary of State

08-01-2008 90040 013 ***158.75

DOCUMENT # P07000121892

1. Entity Name
CLEANING SERVICE, CORP.



Principal Place of Business
313 MADES DR.
FORT PIERCE, FL 34947 US

Mailing Address
313 MADES DR.
FORT PIERCE, FL 34947 US

66016149



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FFI Number

830498404

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DACOSTA, RONAIR A
5715 TANGELO DR.
FORT PIERCE, FL 34982

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
DACOSTA, RONAIR A
STREET ADDRESS
5715 TANGELO DR.
CITY- ST- ZIP
FORT PIERCE, FL 34982

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
D
POLITTO, CASSIA
STREET ADDRESS
5715 TANGELO DR.
CITY- ST- ZIP
FORT PIERCE, FL 34982

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Change

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TITLE
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STREET ADDRESS
5715 TANGELO DR.
CITY- ST- ZIP
FORT PIERCE, FL 34982

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TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

Ronair A. Costa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-20-08

Date

Daytime Phone #