

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122369

FILED  
Aug 11, 2008  
Secretary of State

Entity Name: ARMSHINE CLEANING SERVICE, INC.

**Current Principal Place of Business:**

14644 EAST COUNTY RD. 561A  
CLERMONT, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560424  
MONTVERDE, FL 34756

**New Mailing Address:**

FEI Number: 35-2315268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JACOBSON, STEWART  
600 NORTH HIGHWAY 27  
SUITE 6  
MINNEOLA, FL 34715 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: HEARD, ANNIE M  
Address: 14644 EAST COUNTY RD. 561A  
City-St-Zip: CLERMONT, FL 34715

Title: VP ( ) Delete  
Name: HEARD, DAVID  
Address: 14644 EAST COUNTY RD. 561A  
City-St-Zip: CLERMONT, FL 34715

Title: T ( ) Delete  
Name: WILLIAMS, SHANEN  
Address: 10026 SCHILLER RD  
City-St-Zip: APOPKA, FL 32703

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

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

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

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: ANNIE M HEARD

P

08/11/2008

Electronic Signature of Signing Officer or Director

Date