

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124054

FILED
Apr 14, 2008
Secretary of State

Entity Name: TAURUS CLEANING SERVICES, INC.

Current Principal Place of Business:

7142 TARPON COURT
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

7142 TARPON COURT
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 26-1432479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANDA, AMANDA J
7142 TARPON COURT
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

JANDA, AMANDA N
7142 TARPON COURT
GREEN COVE SPRINGS, FL 32043 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: AMANDA N JANDA

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: JANDA, AMANDA J
Address: 7142 TARPON COURT
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP,D () Delete
Name: PAUL, MISTI
Address: 7142 TARPON COURT
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: S () Delete
Name: PAUL, MISTI
Address: 7142 TARPON COURT
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: JANDA, AMANDA N
Address: 7142 TARPON COURT
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

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: MISTI PAUL

VP,D

04/14/2008

Electronic Signature of Signing Officer or Director

Date