

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000133918

FILED
Jun 16, 2009
Secretary of State

Entity Name: ALL PRO CLEANING SYSTEM UNLIMITED, INC.

Current Principal Place of Business:

123 EAST NORTH SHORE AVE
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

123 EAST NORTH SHORE AVE
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 26-1602903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, WADE
123 EAST NORTH SHORE AVE
N FORT MYERS, FL 33917 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAY, WADE W
Address: 123 EAST NORTH SHORE AVE
City-St-Zip: FORT MYERS, FL 33917

Title: VP () Delete
Name: RAY, LAURA A
Address: 123 EAST NORTH SHORE AVE
City-St-Zip: FORT MYERS, FL 33917

Title: S () Delete
Name: RAY, WADE W
Address: 123 EAST NORTH SHORE AVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T () Delete
Name: RAY, LAURA A
Address: 123 EAST NORTH SHORE AVENUE
City-St-Zip: N FORT MYERS, FL 33917

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:

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: LAURA RAY

VP

06/16/2009

Electronic Signature of Signing Officer or Director

Date