

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000042674

FILED
Apr 28, 2009
Secretary of State

Entity Name: PROFESSIONAL CLEANING SERVICES WITH GOOD OLD FASHION CARE, INC.,

Current Principal Place of Business:

3714 SOUTH WEST 60TH TERRACE
#28
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

3714 SOUTH WEST 60TH TERRACE
#28
DAVIE, FL 33314 US

New Mailing Address:

3714 SOUTH WEST 60TH TERRACE #28
DAVIE, FL 33314 US

FEI Number: 77-0720907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGSWORTH, MICHELLE F
3714 SOUTH WEST 60TH TERRACE
#28
DAVIE, FL 33314 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: LONGSWORTH, MICHELLE F
Address: 3714 SOUTH WEST 60TH TERRACE #28
City-St-Zip: DAVIE, FL 33314 US

Title: VP () Delete
Name: LONGSWORTH, MICHELLE F
Address: 3714 SOUTH WEST 60TH TERRACE #28
City-St-Zip: DAVIE, F 33314 US

Title: T (X) Delete
Name: LONGSWORTH, MICHELLE F
Address: 3714 SOUTH WEST 60TH TERRACE #28
City-St-Zip: DAVIE, FL 33314 US

Title: S (X) Delete
Name: LONGSWORTH, MICHELLE F
Address: 3714 SOUTH WEST 60TH TERRACE #28
City-St-Zip: DAVIE, FL 33314 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: LONGSWORTH, MICHELLE F
Address: 3714 SOUTH WEST 60TH TERRACE #28
City-St-Zip: DAVIE, FL 33314 US

Title: VP (X) Change () Addition
Name: LONGSWORTH, ALEXANDER F
Address: 3714 SOUTH WEST 60TH TERRACE #28
City-St-Zip: DAVIE, F 33314 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: MICHELLE LONGSWORTH

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date