

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088203

FILED
Jul 23, 2009
Secretary of State

Entity Name: PRESTIGE PROFESSIONAL CLEANING OF FLORIDA INC

Current Principal Place of Business:

906 RIVERSIDE DRIVE
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

906 RIVERSIDE DRIVE
GREENACRES, FL 33463

New Mailing Address:

P.O BOX 17933
WPB, FL 33416

FEI Number: 90-0416940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, PARLINE
906 RIVERSIDE DRIVE
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

TOWNSEND, J.U
16701 W MEAD HILL DR
LOXAHATCHEE, FL 33470 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: J.U TOWNSEND

07/23/2009

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: D () Delete
Name: CHRISTIE, GLASSPOLE
Address: 1581 WINDORAHWAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: CHRISTIE, MARION
Address: 1581 WINDORAHWAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: BROWN, JOYCELYN
Address: 906 RIVERSIDE DRIVE
City-St-Zip: GREENACRES, FL 33463

Title: P () Delete
Name: CHRISTIE, CLIVE
Address: 1581 WINDORAHWAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: DO () Change (X) Addition
Name: TOWNSEND, J.U
Address: 16701 W MEAD HILL DR
City-St-Zip: LOXACHACTEE, FL 33470

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: J.U TOWNSEND

DO

07/23/2009

Electronic Signature of Signing Officer or Director

Date