


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90019 038 ***150.00

DOCUMENT # P93000051864			
1. Entity Name EXECUTIVE CLEANING SYSTEMS INC.			
Principal Place of Business 4250 SW 102 AVE DAVIE FL 33328 US		Mailing Address 4250 SW 102 AVE DAVIE FL 33328 US	
2. Principal Place of Business - No P.O. Box # 542 SW Ridge St Suite, Apt. #, etc. Lake City City & State FL Zip 32024 Country Columbia		3. Mailing Address 542 SW Ridge St Suite, Apt. #, etc. Lake City City & State FL Zip 32024 Country Columbia	
4. FEI Number 65-0425679		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIGUE, STEVE 4250 SW 102 AVE DAVIE FL 33328		7. Name and Address of New Registered Agent Name VIGUE Steve Street Address (P.O. Box Number is Not Acceptable) 542 SW Ridge St City Lake City FL Zip Code 32024	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VIGUE, STEVE 4250 SW 102 A DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.16.07 386-7195614