2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000004159~

Entity Name
 A-1 MAID SERVICE, INC.



FILED Jan 31, 2007 08:00 AM Secretary of State

Fee Required

Daytime Phone #

Principal Place of Business 1009 CRENSHAW LAKE RD. LUTZ, FL 33549 Mailing Address PO BOX 942 LUTZ, FL 33548



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

TODD, SANDRA 1009 CRENSHAW LAKE RD. LUTZ, FL 33549

SIGNATURE: X

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fi Trust Fund Contribute		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			L		
NTILE NAME STREET ADDRESS CITY-ST-ZIP	O TODD, SANDRA D 1009 CRENSHAW LAKE ROAD LUTZ, FL 33548				U000006 02/05/07-8	13277 30032-013	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TODD, WILLIAM C 1009 CRENSHAW LAKE ROAD LUTZ, FL 33548						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE . NAME SIREET ADDRESS CITY-SI-ZIP				IN '	THIS SP	ACE	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS					**************************************	. ~ . ~	
STREET ADDRESS CITY ST-ZIP	THE TOP BUT YOUR EVEN OF THE			Mary Star			
··· ··indicated of the cor	certify that the information supplied with this fi on this report or supplemental report is true e rporation or the feceiver or trustee empowered or on an attact ment with an address, with all	nd accurate and that my sig I to ex e cute this report as re	anature shall have t	he same legal effe	ct as it made under o	ath: that I am an	officer or director

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