2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P94000023683 1. Entity Name DEBBIES CHRISTIAN CLEANING SERVICE INC. Mailing Address Principal Place of Business. 3847 ZION ROAD 3847 ZION ROAD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 59-3231268 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARIN, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 3847 ZION ROAD JACKSONVILLE FL 32207 Zip Code 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 DATE (NOTE Registered Agent signalure required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150,00 \$5,00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Addition ☐ Change TITLE PD BULE Delete MARIN, DEBORAH NAME NAME STREET ADDRESS STREET ADDRESS 3847 ZION ROAD JACKSONVILLE FL 32207 CVTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition GM TritE TITLE Delete U00000339531 04/28/05-80080-013 150.00 MORRISON, ELSIE NAME NAME 9380 103RD ST., LOT 113 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CHY-SI-ZIP CITY ST - 7IP Change Addition | Detete IIILE TITLE NAME ROWELL, TRACY STREET ADDRESS STREET ADDRESS 3960 OLD SUNBEAM RD # 306 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Change Addition 🔲 THILE TITLE ☐ Delete BURZEZEWSKI, CHANTAL NAME NAME 3960 OLD SUNBEAM RD # 306 STREET ADDRESS STREET ADDRESS JACK6ONVILLE FL 32257 CHY-SI-ZIP CITY-ST-ZIP Change Addition Tritt MILE Delete WATTS, BEVERLY NAME NAME 1154 INGLESIDE AVE STREET LODRESS STREET ADDRESS JACKSONVILLE FL 32205 CHY-SI-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE KEENUM, JAMES NAME 9380 103RD STREET, #113 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone

**FILED**