2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2007 8:00 am DOCUMENT # P94000023683 **Secretary of State** 03-30-2007 90145 022 ***150.00 DEBBIES CHRISTIAN CLEANING SERVICE INC. Principal Place of Business Mailing Address 3960 OLD SUNBEAM ROAD # 306 JACKSONVILLE FL 32257 3960 OLD SUNBEAM ROAD # 306 JACKSONVILLE FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3231268 Not Applicable Zip Country Zio 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 ROWELL, TRACY **3847 ZION RD** JACKSONVILLE FL 32207 Zip Code 8, The above named ontity 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Feb 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 10. RITLE HILL Addition ☐ Change Delete MARIN, DEBORAH NAME NAMI **3847 ZION RD** STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY ST ZIP PD ☐ Delete uni Addition ROWELL, TRACY NAME мамі 3760 OLD SUNBEAM RD, # 306 STREET ADDRESS STREET LADDRESS JACKSONVILLE FL 32257 CITY ST ZIP CITY-ST-7JP ☐ Delete ■ Addition 18111 THE Change NAME BURZEZEWSKI, CHANTAL STREET ADDRESS 3960 OLD SUNBEAM RD # 306 STREET ADDRESS JACKSONVILLE FL 32257 CHY-ST-7IP CHY ST ZIP HILE Delete mu Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CHY-ST-ZIP ☐ Delete HOE □ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-S1-7/P CHY ST ZIP Delete HILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CHY-ST-7IP

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receivor 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.

Date

SIGNATURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED