

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000041180

1. Entity Name  
SUNDAY'S CLEANING SERVICE INC



Principal Place of Business  
34 COVE LANE  
EUSTIS, FL 32726

Mailing Address

34 COVE LANE  
EUSTIS, FL 32726

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country

Zip      Country

01042005      Chg-P      CR2E034 (10/03)

4. FEI Number 59-3329294	Applied For
	Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

THURMAN, JOAN S  
34 COVE LANE  
EUSTIS, FL 32726

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL      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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE      PD  
NAME      THURMAN, JOAN S  
STREET ADDRESS      34 COVE LANE  
CITY-ST-ZIP      EUSTIS, FL 32726

Delete

TITLE      D  
NAME      MURRAY, DAWN N  
STREET ADDRESS      34 COVE LANE  
CITY-ST-ZIP      EUSTIS, FL 32726

Delete

TITLE      D  
NAME      MURRAY, ARCHIE L  
STREET ADDRESS      34 COVE LANE  
CITY-ST-ZIP      EUSTIS, FL 32726

Delete

TITLE       Delete  
NAME       Delete  
STREET ADDRESS       Delete  
CITY-ST-ZIP       Delete

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CITY-ST-ZIP       Delete

TITLE       Delete  
NAME       Delete  
STREET ADDRESS       Delete  
CITY-ST-ZIP       Delete

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

President      1/5/05      352-483-1869

Date

Daytime Phone #

**FILED  
Jan 07, 2005 8:00 am  
Secretary of State**

01-07-2005 90020 044 \*\*\*150.00

50000657

