## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

ANNUAL REPORT	
DOCUMENT # P94000044844  1. Entity Name PRESTIGE CLEANING, INC.	

Principal Place of Business

Mailing Address

5503 HWY 98 S

HIGHLAND CITY, FL 33813 US

6354 CREWS LAKE ROAD LAKELAND, FL 33813-3921 US



## DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

...

4. FEI Number 59-3250959

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6.	Name	and Address	of Curren	t Registered	Agent

MUELLER, KARL P 6354 CREWS LAKE ROAD LAKELAND, FL 33813-3921			DO NOT WRITE IN THIS SPACE		
	ions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registeres	d Agen) signature	required when reinstating)	DATE
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000594349 01/22/07-80068-012 150.00
TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD LEDBETTER, JAMES L 6354 CREWS LAKE ROAD LAKELAND, FL 338133921 VD MUELLER, KARL P 6354 CREWS LAKE ROAD LAKELAND, FL 338133921			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-CT-ZIP				IN "	THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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

SIGNATORE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07 (863) 646-8385