2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P94000059170 1. Entity Name COURTESY OFFICE CLEANING, INC.					9	05-02-2008	3 90164 025 ***1	50.00
Principal Place of B	ucinacc	Mailing Address			- ·			
224 32ND STREET WEST BRADENTON, FL 34205		224 32ND STREET WEST BRADENTON, FL 34205		1				
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe 65-0546		←	pplied For ot Applicable	
Žip	Country	Zip	Country		<u> </u>	of Status Desired	□ \$8.75 Ad	ditional
	Name and Address of Current	Registered Agent			7. Name and	Address of New R	Fee Require	ea
<u> </u>	Name and Address of Current	Negistered Agent		Name	7. Hamo dira	- AUG. 555 51 115W 11	egioteled Agein	
WEAVER, JOHN L				Street Address (P.O. Box Number is Not Acceptable)				
224 32ND STREET W. BRADENTON, FL 34205				Sileet Address (F.O. BOX Notificer is NOT Acceptable)				
			!					
				City	FL Zip Code			
	ed entity submits this statement for of registered agent.	or the purpose of changing its	s registere	ed office or regist	tered agent, or bot	n, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE	ure, typed or printed name of registered agent	and title if applicable. (NOT	TE. Hegistere	d Agent signature requi	red when reinstating)		DATE	
	DW!!! FEE IS \$150.00 , 2008 Fee will be \$550.	9. Election Campa 00 Trust Fund Con			5:00 May Be dded to Fees			
10.	OFFICERS AND	DIRECTORS	11.					
TITLE CP					ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
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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 one attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28.08

941.745.7160