

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000091319 1. Entity Name KHS CLEANING CORPORATION					
Principal Place of Business 1335 EAST WEKIVA TRAIL LONGWOOD FL 32779 US			Mailing Address 1335 EAST WEKIVA TRAIL LONGWOOD FL 32779 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3283310	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SO, HELEN H 1335 EAST WEKIVA TRAIL LONGWOOD FL 32779				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For ☐ Not Applicable	
SIGNATURE _____ Signature, typed or printed name of registered agent or director. (NOTE: Registered Agent's signature required when changing agent.)				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SO, KYUNG-HO 1335 EAST WEKIVA TRAIL LONGWOOD FL 32779			☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V SO, HELEN H 1335 EAST WEKIVA TRAIL LONGWOOD FL 32779			☐ Delete	
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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 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 line empowere

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City

Date of Filing

1/29/08 401-114-1105