## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # P95000017043 1. Entity Name COLLIER COUNTY CLEANING, INC. प्रमाणका ए जुला विकास सम्मास त्राप्तराध्यः अस्यक्तास्यः <mark>द्</mark>राप्तदः सर Principal Place of Business Mailing Address 3461 WHITE BLVD 3461 WHITE BLVD NAPLES, FL 34117 US NAPLES, FL 34117 US 03272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number Not Applicable 65-0570948 \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEIDE, GREGG DO NOT WRITE 3461 WHITE BLVD NAPLES, FL 34117 IN THIS SPACE 3. 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 \$5.00 May Be 9. Election Campaign Financing FILE NOWIJI FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE 完. 44% (A.1.14g) 3 SEIDE, GREGG NAME STREET ADDRESS 1181 25TH ST SW NAPLES, FL CITY-ST-ZIP U00000519404 THE 05/02/06-80051-024 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-70P TILE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP IIILE

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 shell 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 an address, with all other like empowered.

SIGNATURE:

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

SIGNATINES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06

(239)455-9674