## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 03, 2006 08:00 AM Secretary of State **DOCUMENT # P95000019196** RUSSO CLEANING & PROPERTY SERVICES, INC. Principal Place of Business Mailing Address 710 WILSON BLVD SOUTH 710 WILSON BLVD SOUTH NAPLES, FL 34717 NAPLES, FL 34117 05012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Apolied For 4. FEI Number 65-0572479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MILLS, PAUL S CPA DO NOT WRITE 1541 FIFTH ST. KEY WEST, FL 33040 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, speed or printed name of registered agent and title if applicable. (RIGHE, Registered Agent eignature required when retretating) DATE 8. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MAME RUSSO, MINDY 1789 52ND TERRACE SW STREET ADDRESS CITY-51-21P NAPLES, FL 34116 TITLE NAME STREET ADDRESS H00000560346 CITY-ST-ZIP 05/18/06-80036-011 150.80 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP SSILE IN THIS SPACE NAME STREET ADDRESS CVIY-ST-ZIP TIME

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 suppliamental 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 Englances, with all other fike empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CVTY-ST-ZIP

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ATURNEYM TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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