

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90177 014 ***158.75

DOCUMENT # P95000020898 1. Entity Name SOUTH FLORIDA COMMERCIAL CLEANING, LTD, INC.			
Principal Place of Business 23122 ISLAND VIEW DR #2 BOCA RATON, FL 33433 US		Mailing Address 23122 ISLAND VIEW DR #2 BOCA RATON, FL 33433 US	
2. Principal Place of Business P.O. Box 971161 State Apt. # etc		3. Mailing Address 8980 Equus Circle Suite, Apt. #, etc	
City & State BOCA RATON, FL Zip 33433-1161		City & State BOYNTON BEACH Zip FL	
4. FEI Number 65-0567559		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		02152005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GLAAB, DONALD E 10384 LEXINGTON ESTATES BLVD BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name DONALD E. GLAAB Street Address (P.O. Box Number is Not Acceptable) 8980 EQUUS CIRCLE City BOYNTON BEACH FL Zip Code 33437	
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. SIGNATURE DATE 2-15-05 (NOTE: For a new agent, signature required unless otherwise indicated.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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-STATE-ZIP	P GLAAB, DONALD E 23122 ISLAND VIEW DR APT #2 BOCA RATON, FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P GLAAB, DONALD E. 8980 EQUUS CIRCLE BOYNTON BEACH, FL. 33437 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP GLAAB, MARLENE 23122 ISLAND VIEW DR. APT #2 BOCA RATON, FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP GLAAB, MARLENE 8980 EQUUS CIRCLE BOYNTON BEACH, FL. 33437 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 live empowered.			
SIGNATURE:		2-15-05 (954) 899-4881	