


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90373 009 ***158.75

DOCUMENT # P95000020898 1. Entity Name SOUTH FLORIDA COMMERCIAL CLEANING, LTD, INC.	
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Principal Place of Business 8980 EQUUS CIRCLE BOYNTON BEACH, FL 33437 US 33472	Mailing Address 8980 EQUUS CIRCLE BOYNTON BEACH, FL 33437 US 33472
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02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0567559	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLAAB, DONALD E 8980 EQUUS CIRCLE BOYNTON BEACH, FL 33437 33472
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GLAAB, DONALD E 8980 EQUUS CIRCLE BOYNTON BEACH, FL 33437 33472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GLAAB, MARLENE J 8980 EQUUS CIRCLE BOYNTON BEACH, FL 33437 33472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-08
Date

954-8994881
Daytime Phone #