

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90031 024 ***158.75

DOCUMENT # P95000024875
 1. Entity Name
 MARGARET REID CLEANING SERVICE, INC.



Principal Place of Business Mailing Address
~~5853 N.W. 41ST LANE~~ ~~5853 N.W. 41ST LANE~~
~~COCONUT CREEK, FL 33074~~ ~~COCONUT CREEK, FL 33074~~
 18970 SREWART CIR #3 18970 STEWART CIR #3
 BOCA RATON, FL 33496 BOCA RATON, FL 33496

50064077



07292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0577304 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 REID, MARGARET
~~5853 N.W. 41ST LANE~~
~~COCONUT CREEK, FL 33074~~
 18970 STEWART CIRCLE # 3
 BOCA RATON, FL 33496

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B. 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: Margaret Reid, REGISTERED AGENT, MARGARET REID DATE: 8/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REID, MARGARET
STREET ADDRESS	5853 N.W. 41ST LANE 18970 STEWART CIR
CITY - ST - ZIP	COCONUT CREEK, FL 33074 APT # 3 BOCA RATON, FL 33496
TITLE	D
NAME	REID, ANDRE
STREET ADDRESS	5853 N.W. 41ST LANE 18970 STEWART CIR
CITY - ST - ZIP	COCONUT CREEK, FL 33074 #3 BOCA RATON FL 33496
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 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 like empowered.
 SIGNATURE: Margaret Reid MARGARET REID, PRES Date: 8/23/05 561-929-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #