2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000056061 1. Entity Name FAMILY CLEANING SERVICES, INC.				Feb 17, 2005 08:00 AM Secretary of State
Principal Place of Business 3903 E HANNA AVE		Mailing Address PO BOX 75994		
TAMPA FL		TAMPA FL 33675		
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>	1st MOORE CR2E034 (10/04)
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-3325814 Applied For Not Applied ber
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
390	PP, JOHN 03 E HANNA AVE MPA FL 33610			(P.O. Box Number is Not Acceptable)
Ì			City	FL Zip Code
After Make Chec	Sgnature, typed of printed name of registered age FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.t k Payable to Florida Department	00 of State	E. Registered Agera signature recum	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10,	 	D DIRECTORS	11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P SHIPP, JOHN 3903 E HANNA AVE TAMPA FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY STOZEP	Change
TITLE NAME STREET ADDRESS GITY-ST-ZIP	V SHIPP, DOROTHY 3903E HANNA AVE TAMPA FL 38610	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREEL ADDRESS OLY-ST-ZIP	☐ Change ☐ Addition
THEE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
THEE NAME STREET ADDRESS CHY-ST-ZIP		□ Delete	THE NAME SURFT ADDRESS CITY-ST-ZIP	Change Addition
HILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SIBEET ADDRESS CITY ST-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)(1), 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 SUPPLIED WANT OF SIGNAM OF SIGNAM OF SIGNATURE AND THE PROPERTY OF SIGNAM O

2/14/05 813-231-0308

FILED