


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000056061

1. Entity Name
 FAMILY CLEANING SERVICES, INC.



Principal Place of Business
 3903 E HANNA AVE
 TAMPA, FL 33610

Mailing Address
 PO BOX 75994
 TAMPA, FL 33675

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3325814

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHIPP, JOHN
 3903 E HANNA AVE
 TAMPA, FL 33610

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 _____ (NOTE: Registrars Agent signature required when reinstating.) DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$580.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHIPP, JOHN
STREET ADDRESS	3903 E HANNA AVE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	V
NAME	SHIPP, DOROTHY
STREET ADDRESS	3903E HANNA AVE
CITY-ST-ZIP	TAMPA, FL 33610
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

000000-887-891
 01/19/06-80037-020 (150.00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: John Shipp JOHN SHIPP PRESIDENT 1/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of Month Year