

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 SEP 10 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P95000056061</b> 1. Entity Name <b>FAMILY CLEANING SERVICES, INC.</b>					
Principal Place of Business <b>3903 E HANNA AVE TAMPA, FL 33610</b>		Mailing Address <b>PO BOX 75994 TAMPA, FL 33675</b>			
2. Principal Place of Business - No P.O. Box # <small>Suite, Apt. #, etc.</small>		3. Mailing Address <small>Suite, Apt. #, etc.</small>			
City & State		City & State		4. FEI Number <b>59-3325814</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHIPP, JOHN 3903 E HANNA AVE TAMPA, FL 33610</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$160.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SHIPP, JOHN 3903 E HANNA AVE TAMPA, FL 33610</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>SHIPP, DOROTHY 3903 E HANNA AVE TAMPA, FL 33610</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>John Shipp</i> <b>JOHN SHIPP</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			President		Date: <b>9/10/07</b> Phone: <b>813-231-0308</b>