

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90099 034 \*\*\*150.00

**DOCUMENT # P95000078419**

1. Entity Name

PROFESSIONAL CLEANING SERVICES, INC.



Principal Place of Business  
7300 TWIN EAGLE LANE  
FT. MYERS FL 33912

Mailing Address  
7300 TWIN EAGLE LANE  
FT. MYERS FL 33912



2. Principal Place of Business

3. Mailing Address

1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0634146

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENDRON, LUCILLE C  
7300 TWIN EAGLE LANE  
FT. MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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  
GENDRON, LUCILLE  
7300 TWIN EAGLE LANE  
FORT MYERS FL 33912-1753 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
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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: Lucille C Gendron**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lucille C Gendron* 7/19/05 239-768-0020

Date

Daytime Phone #

ATTACHMENT



**Professional  
Cleaning  
Services, inc.**

# P95000878419  
50057367

July 19, 2005

Florida Department of State  
Division of Corporations  
Annual Report Section  
P O Box 6850  
Tallahassee, FL 32314

To whom it may concern,

I am writing this letter per instructions from your office. I had not received an original notice for filing. I became aware of this when I did received a "NOTICE OF INTENT TO DISSOLVE" in the mail. I mailed it in to receive the annual report form, which I am now returning with this letter. I called our CPA and he informed me he had received many calls regarding this same matter from many of his clients.

Over the last nine years, I have always paid the filing fee in a timely manner. It is my hope you will forgive the late fee charge on this occasion.

Please advise if any further action is required on my part.

Sincerely,

Lucille C. Gendron,  
President

Enclosures (2)