


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90106 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000002215

1. Corporation Name
YOUR CLEANING SERVICE, INC.

Principal Place of Business
**2602 WRENCREST CIRCLE
VALRICO FL 33594**

Mailing Address
**2602 WRENCREST CIRCLE
VALRICO FL 33594**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10146 Somersby Dr		26 10146 Somersby Dr		01/02/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3354047	
City & State		City & State		Applied For	
23 RIVERVIEW, FL		28 RIVERVIEW, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33569		29 33569		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
26		31		<input type="checkbox"/> <input type="checkbox"/>	
27		32		8. This corporation owes the current year Intangible	
28		33		Personal Property Tax.	
29		34		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHAMBERLAIN, WILLIAM J 2602 WRENCREST CIRCLE VALRICO FL 33594		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10146 Somersby Dr 83 84 City RIVERVIEW FL 85 Zip Code 33569	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE William J. Chamberlain DATE 4/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAIN, JEAN M	1.2 NAME	
STREET ADDRESS	2602 WRENCREST CIRCLE	1.3 STREET ADDRESS	10146 Somersby Dr
CITY-ST-ZIP	VALRICO FL 33594	1.4 CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAIN, WILLIAM J	2.2 NAME	
STREET ADDRESS	2602 WRENCREST CIRCLE	2.3 STREET ADDRESS	10146 Somersby Dr
CITY-ST-ZIP	VALRICO FL 33594	2.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Chamberlain, Sec. DATE 4/9/99 8136718570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #