

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000033078**

1. Entity Name  
**JOHNSON'S CLEANING SERVICE INC.**



Principal Place of Business  
**1890 TWIN OAKS DRIVE  
DELAND, FL 32720**

Mailing Address  
**1890 TWIN OAKS DRIVE  
DELAND, FL 32720**



03162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3373659**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOHNSON, WILLIAM S  
1890 TWIN OAKS DRIVE  
DELAND, FL 32720**

**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

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**

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	PV JOHNSON, WILLIAM S 1890 TWIN OAKS DRIVE DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JOHNSON, WANDA 1890 TWIN OAKS DR DELAND, FL
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IN THIS SPACE**

1100000269553  
03/19/05-80014-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Wm Scott Johnson* **Wm. Scott Johnson 3-16-05 386-734786**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #