


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000038112	
1. Entity Name A STEP ABOVE CLEANING SERVICES, INC.	

Principal Place of Business 910 15TH AV DR EAST PALMETTO, FL 34221 US	Mailing Address 910 15TH AV DR EAST PALMETTO, FL 34221 US
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05012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0664518	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TURCOTTE, JOHANNE 910 15TH AV DR EAST PALMETTO, FL 34221
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**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: Johanne Turcotte Johanne Turcotte 4-28-05
(Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURCOTTE, FRANCOIS 910 15TH AVE. DR. E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURCOTTE, JOHANNE 910 15TH AVE. DR. E PALMETTO, FL 34221
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05/05/05-80106-009 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Johanne Turcotte Johanne Turcotte 4-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Daytime Phone #