

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000039551

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** IRISH-AMERICAN PROFESSIONAL CLEANING SERVICES, INC.

**Current Principal Place of Business:**

300 SHADOW WAY BLVD  
204  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

300 SHADOW WAY BLVD APT  
204  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-3460320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCNAIR, CRAIG D  
1250 S US HWY 17-92 STE 250  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: CONWAY, JAMES D  
Address: 300 SHADOWBAY BOULEVARD UNIT 204  
City-St-Zip: LONGWOOD, FL 32779

Title: MS.  
Name: CAWLEY, MARYANN  
Address: 300 SHADOWBAY BOULEVARD UNIT 204  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVE CONWAY

SEC

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date