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PROFIT CORPORATION ANNUAL REPORT

1999



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DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

04-14-1999 90144 003 ***150.00

 Corporation 	n Name .					·				
CARLA'S	S CLEANING SERVICE, INC		•							
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Principal Place	المناور والماسية فتنا	·								
626 RAPID FALLS DRIVE 626 RAPID FALLS DRIVE—BRANDON FL 33511 BRANDON FL 33511				•	, ,	1	•	• •		
BRANDON FL .	33311	DUVINDOM LE 2021)				DO NOT WRITE	IN THIS	SPACE		
						3. Date Incorporated or Qualifed	<u></u>]
	,					05/23/1997				
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		A _I	oplied For	1
21		26				59-3448472		N	ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				 		\$8.75	Additional]
22	•	27				5. Certifcate of Status Desired	لسا	Fee R	equired	
City & Stat	te	City & State		-		6, Election Campaign Financing		\$5.00	May Be	ŀ
23	,	28				Trust Fund Contribution	<u> — — — — — — — — — — — — — — — — — — —</u>	Added	to Fees	1
Zip	Country	Zip	Co	untry		8. This corporation owes the current	nt year Inta	ngible	_	l
24	25	29	30			Personal Property Tax.		Yes	□No	1
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent		-
				81	Name					ļ
	CORPORATION SYSTEM			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)			1
1200 SOUTH PINE ISLAND ROAD							<u> </u>			
PLA	NTATION FL 33324			83						
	•			84	City			85 Zip	Code	1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida Such change was suited.					-		FL			ĺ
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statue of Florida Such change was	ites, the a	above-	-named corp	oration submits this statement for the p on's board of directors. I hereby accept	urpose of o the appoin	changing its tment as re	s registered egistered	l
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Fi	lorida Sta	tutes.					_	
SIGNATURE										l
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registere	d Agent		d when reinstating)	DATE DATE	DIRECTO	DPS IN 12	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registere	d Agent		d when reinstating) ADDITIONS/CHANGES TO OFF				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A PSTD	ent and title if applicable. (NOT	E: Registere 13.	d Agent				DIRECTO	ORS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PSTD HERBSTRITT, CARLA M	ent and title if applicable. (NOT	E: Registere 13. 1.1 T 1.2 N	NAME	signature require					
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A PSTD HERBSTRITT, CARLA M 626 RAPID FALLS DRIVE	ent and title if applicable. (NOT	13. 1.1 T 1.2 N 1.3 S	NAME	signature required					
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PSTD HERBSTRITT, CARLA M	ent and title if applicable. (NOT NO DIRECTORS	E: Registere	NAME	signature required			Change	Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PSTD HERBSTRITT, CARLA M 626 RAPID FALLS DRIVE	ent and title if applicable. (NOT	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	NAME CITY-ST-	signature required					
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A PSTD HERBSTRITT, CARLA M 626 RAPID FALLS DRIVE BRANDON FL 33511	ent and title if applicable. (NOT NO DIRECTORS	1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	NAME STREET / CITY-ST- TITLE NAME	ADDRESS ADDRESS			Change	Addition	
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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.

Herbstritt 4-8-99 SIGNATURE: