

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90367 023 ***150.00

DOCUMENT # P97000064453

1. Entity Name
BEGLEY'S CLEANING SERVICE, INC.



Principal Place of Business
**358 THORPE RD
ORLANDO, FL 32824**

Mailing Address
**358 THORPE RD
ORLANDO, FL 32824**

2. Principal Place of Business
425 Pierce Ave
Suite, Apt. #, etc.
#301

3. Mailing Address
425 Pierce Ave
Suite, Apt. #, etc.
#301

City & State
Cape Canaveral FL
Zip
32920
Country
Brevard

City & State
Cape Canaveral, FL
Zip
32920
Country
Brevard

04142005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3465660
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEGLEY, BRUCE
425 PIERCE AVE.
UNIT 301
CAPE CANAVERAL, FL 32920**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Bruce Begley*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/05
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
**PD
BEGLEY, BRUCE
425 PIERCE AVE., UNIT 301
CAPE CANAVERAL, FL 32920** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEGLEY, JANNET
425 PIERCE AVE, UNIT 301
CAPE CANAVERAL, FL 32920** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
BEGLEY, GOLDEN
7147 YACHT BASIN AVE #131
ORLANDO, FL 32835** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
Begley, Golden
1104 Hempel Ave
Gotha, FL 34734** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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: *Bruce Begley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05
Date

Daytime Phone #