

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90085 050 ***150.00

DOCUMENT # P97000109184					
1. Entity Name CAPITAL PROFESSIONAL CLEANING CONTRACTORS, INC., OF FLORIDA					
Principal Place of Business 11 WALT WHITMAN ROAD HUNTINGTON STATION, NY 11746			Mailing Address 11 WALT WHITMAN ROAD HUNTINGTON STATION, NY 11746		
2. Principal Place of Business - No P.O. Box # 88 Duryea Road		3. Mailing Address 88 Duryea Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007 Chg-P CR2E034 (12/06)	
City & State Melville, NY		City & State Melville, NY		4. FEI Number 59-3490975	
Zip 11747		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PC NAME KAPLAN, LINDA STREET ADDRESS 11 WALT WHITMAN ROAD CITY-ST-ZIP HUNTINGTON, NY 11746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 88 Duryea Road CITY-ST-ZIP Melville, NY 11747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME KAPLAN, DENNIS STREET ADDRESS 11 WALT WHITMAN ROAD CITY-ST-ZIP HUNTINGTON, NY 11746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 88 Duryea Road CITY-ST-ZIP Melville, NY 11747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME KAPLAN, ELLIOT STREET ADDRESS 11 WALT WHITMAN ROAD CITY-ST-ZIP HUNTINGTON, NY 11746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 88 Duryea Road CITY-ST-ZIP Melville, NY 11747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME KAPLAN, HOWARD STREET ADDRESS 11 WALT WHITMAN ROAD CITY-ST-ZIP HUNTINGTON, NY 11746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 88 Duryea Road CITY-ST-ZIP Melville, NY 11747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, 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			1/17/07 631-423-5748		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		