

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90318 017 \*\*\*150.00

**DOCUMENT # P98000013440**

1. Entity Name  
KC CLEANING SERVICE, INC.



Principal Place of Business  
408 CRYSTAL MIST SW  
PALM BAY, FL 32907

Mailing Address  
408 CRYSTAL MIST SW  
PALM BAY, FL 32907

**50044284**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3492960**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

CONKLIN, KAREN  
408 CRYSTAL MIST ROAD SW  
PALM BAY, FL 32907

## 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DPST ☐ Delete  
NAME CONKLIN, KAREN  
STREET ADDRESS 408 CRYSTAL MIST ROAD  
CITY-ST-ZIP PALM BAY, FL 32907

TITLE V ☐ Delete  
NAME PLUMPTON, REBECCA  
STREET ADDRESS 6556 NORMAN DRIVE  
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE 2V ☐ Delete  
NAME TOMLIN, BRENDA  
STREET ADDRESS 408 CRYSTAL MIST RD.  
CITY-ST-ZIP PALM BAY, FL 32907

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Karen Conklin* Karen Conklin Pres 3/14/05

(321) 951-7488