

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

04-17-2008 90013 001 ***150.00

66010692



1st MOORE CR2E034 (10/07)

DOCUMENT.# P98000016608 1. Entity Name LINDA'S CLEANING INC.																													
Principal Place of Business 5811 CAMELOT COURT PORT ORANGE FL 32127			Mailing Address 5811 CAMELOT COURT PORT ORANGE FL 32127																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 5811 CAMELOT ACT PORT ORANGE Suite, Apt. #, etc. 71 32127																											
City & State Port orange		City & State 71 32127		4. FEI Number 59-3494256																									
Zip 32127		Country U.S.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GRUBBS, LINDA A 5811 CAMELOT COURT PORT ORANGE FL 32127			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 <u>Linda Moore</u> DATE <u>4-3-08</u> Signature, typed or printed name of registered agent and date is applicable. (NOTE: Registered Agent signature required when not the agent)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td>GRUBBS, LINDA A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5811 CAMELOT COURT</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PORT ORANGE FL 32127</td> <td></td> </tr> </table>			TITLE	NAME	Delete ☐	NAME	GRUBBS, LINDA A		STREET ADDRESS	5811 CAMELOT COURT		CITY- ST- ZIP	PORT ORANGE FL 32127		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	Delete ☐																											
NAME	GRUBBS, LINDA A																												
STREET ADDRESS	5811 CAMELOT COURT																												
CITY- ST- ZIP	PORT ORANGE FL 32127																												
TITLE	NAME	Change ☐ Addition ☐																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete ☐	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	Delete ☐																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
TITLE	NAME	Change ☐ Addition ☐																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete ☐	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	Delete ☐																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
TITLE	NAME	Change ☐ Addition ☐																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete ☐	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	Delete ☐																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
TITLE	NAME	Change ☐ Addition ☐																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete ☐	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	Delete ☐																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
TITLE	NAME	Change ☐ Addition ☐																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: <u>Linda Moore</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													