

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90036 038 ***150.00

DOCUMENT # P98000041991	
1. Entity Name RELCON CLEANING SERVICE, INC.	



Principal Place of Business 4443 YACHTMAN COURT ORLANDO, FL 32812	Mailing Address 4443 YACHTMAN COURT ORLANDO, FL 32812
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50055963

2. Principal Place of Business 13209 Lake Live Oaks Dr. Suite, Apt. #, etc.	3. Mailing Address 13209 Lake Live Oaks Dr. Suite, Apt. #, etc.
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07112005 Chg-P CR2E034 (10/03)

City & State Orlando, FL	City & State Orlando, FL
Zip 32828	Country USA
Zip 32828	Country USA

4. FEI Number 59-3509263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BALOG, MARIA 4443 YACHTMAN COURT ORLANDO, FL 32812	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13209 Lake Live Oaks Drive City Orlando FL Zip Code 32828	
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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: Maria Balog (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALOG, MARIA 4443 YACHTMANS CT ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13209 Lake Live Oaks Drive Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALOG, MICHAEL 4443 YACHTMANS CT ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13209 Lake Live Oaks Drive Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALOG, MIKULAS JR. 4443 YACHTMANS CT. ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13209 Lake Live Oaks Drive Orlando, FL 32828
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
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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 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: Maria Balog (407) 468-0971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #