

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000059287**

1. Entity Name  
**A WOMAN'S TOUCH CLEANING SERVICE INC. OF  
TAMPA BAY**



Principal Place of Business  
**2309 N.E. COACHMAN ROAD  
CLEARWATER, FL 33765 US**

Mailing Address  
**2309 N.E. COACHMAN ROAD  
CLEARWATER, FL 33765 US**



03212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3475979**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ARRIEN, MARY  
2309 N.E. COACHMAN ROAD  
CLEARWATER, FL 33765**

**DO NOT WRITE  
IN THIS SPACE**

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**

11000000313034  
04/18/05-80107-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**M  
COONEY, JULIA  
1878 N BETTY LANE  
CLEARWATER, FL 33755**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
TURNER, JOSCIA R  
706 PALM BLUFF ST  
CLEARWATER, FL 33755**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mary Arrien* **MARY ARRIEN** 4-14-05 (427) 7978770