


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 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
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3475979	Applied For <input type="checkbox"/> Not Applicable
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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

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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, JOSCIAR 706 PALM BLUFF ST CLEARWATER, FL 33755
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/08/07-80013-023 150.00

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 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: *Mary Arrien* **MARY ARRIEN** *2-23-07 (127) 797-8770*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #