

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90046 045 ***158.75

DOCUMENT # P98000063187		
1. Entity Name A1A CONSTRUCTION CLEANING SERVICE INC.		

Principal Place of Business 5 TROPICAL DR. OCEAN RIDGE FL 33435	Mailing Address 5 TROPICAL DR. OCEAN RIDGE FL 33435
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 22 TROPICAL DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. H/A	
City & State		City & State OCEAN RIDGE FL	
Zip	Country	Zip	Country
		33435	P.B.C.

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0917804	Applied For
	Not Applicable

5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent LEKANIDES, PHYLLIS K 5 TROPICAL DR. OCEAN RIDGE FL 33435		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 certifying)	DATE
-----------	---	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PLEKANIDES, PHYLLIS 5 TROPICAL OCEAN RIDGE FL 33435 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: <i>Phyllis K. Lekanides</i>	PHYLLIS K. LEKANIDES	12907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date