

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90177 015 \*\*\*150.00

**DOCUMENT # P98000070409**  
 1. Entity Name  
**WOLVERINE PROFESSIONAL CLEANING SERVICE, INC.**



Principal Place of Business      Mailing Address  
 2761 GOLDEN GATE BLVD. E.      2761 GOLDEN GATE BLVD. E.  
 NAPLES, FL 34120                  NAPLES, FL 34120

40054262



2. Principal Place of Business      3. Mailing Address  
 Suite Apt # etc                      Suite Apt # etc

04132006      Chg-P      CR2E034 (11/05)

City & State                      City & State

4. FEI Number      Applied For  
**65-0865943**                      Not Applicable

Zip      Country                  Zip      Country

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

**6. Name and Address of Current Registered Agent**  
 WOODS, MITCHEL  
 141 -7TH ST S.W.  
 NAPLES, FL 34117

**7. Name and Address of New Registered Agent**  
 Name Mitchel Woods  
 Street Address (P.O. Box Numbers Not Accepted)  
381 27th street SW  
 City NAPLES      FL      Zip Code 34117

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 Mitchel Woods      4-13-06  
Signature needed on behalf of corporation or registered agent      Signature of Registered Agent required on each change

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MOUTON, KENNETH L	
STREET ADDRESS	2761 GOLDEN GATE BLVD E.	
CITY ST ZIP	NAPLES, FL 34120	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOUTON, JEANETE W	
STREET ADDRESS	2761 GOLDEN GATE BLVD E.	
CITY ST ZIP	NAPLES, FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 a other like empowered.

SIGNATURE: Kenneth Mouton      Kenneth Mouton      4-17-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR