

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90212 010 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000078677

1. Entity Name
EDGE OF PERFECTION CLEANING SERVICES, INC.



Principal Place of Business Mailing Address
4140 SPRINGWAY DRIVE **4140 SPRINGWAY DRIVE**
VALRICO, FL 33594 **VALRICO, FL 33594**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

90136641



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
65-0868627 Not Applicable

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

6. Name and Address of Current Registered Agent

AKERS, ANNETTE
4140 SPRINGWAY DRIVE
VALRICO, FL 33594

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	AKERS, ANNETTE	4140 SPRINGWAY DRIVE	VALRICO, FL 33594	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Annette Akers Annette Akers* **5-16-03** **813-457-0235**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

90136641

0980000678677

5-5-03

To: Fl. Dept. of State

P.O. Box 6723

Tallahassee, Fl 32314

From: Edge of Perfection Cleaning Services, Inc.

4140 Spring Way Cr.

Valrico, Fl 33594

EDM. 65-0868627

We did not receive form for
Renewal Notice for Incorporation.

Please send Renewal Notice so we may
file. Thank you.

Cynthia Allen, President

813-681-4998

after 3:00