

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000079776 1. Entity Name WRIGHT'S FLOOR CLEANING SERVICES, INC.					
Principal Place of Business 4441 N.W. 43RD STREET LAUDERDALE LAKES, FL 33319			Mailing Address 4441 N.W. 43RD STREET LAUDERDALE LAKES, FL 33319		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-0873289 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EUSTACE LEBURD, ADRIAN CPA 832 S.W. 64 TERRACE NORTH LAUDERDALE, FL 33068				7. Name and Address of New Registered Agent Name REUBEN C. JACOBS Street Address (P.O. Box Number Is Not Acceptable) 2759 NW 47 TERRACE City LAUDERDALE LAKES FL Zip Code 33313	
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 <u>Reuben C. Jacobs</u> REUBEN C. JACOBS 6-16-05 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete WRIGHT, KEITH 4441 N.W. 43RD STREET LAUDERDALE LAKES, FL 33319		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete WRIGHT, MAXINE D 4441 N.W. 43RD STREET LAUDERDALE LAKES, FL 33319		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Reuben C. Jacobs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6/16/05 954-714-0594 <small>Date Daytime Phone #</small>		

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