

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90067 039 ***158.75

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1. Entity Name
DIVERSIFIED CLEANING, INC.



40104214



04302007 Chg-P CR2E034 (12/06)

Principal Place of Business
1747 HUBURN LAKES DR
ROCKLEDGE, FL 32955

Mailing Address
PO BOX 411805
MELBOURNE, FL 32941-1805

2. Principal Place of Business - No P.O. Box #
6005N Wickham Rd #D9
Suite, Apt. #, etc.
Melbourne FL 32940

3. Mailing Address
P.O. Box 411805
Suite, Apt. #, etc.
Melb FL 32941-1805

City & State
Melbourne FL 32940

Country
US

4. FEI Number
59-3537387

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KLASSEN, CATHY M
1747 HUBURN LAKES DR
ROCKLEDGE, FL 32955
→ spelled wrong

7. Name and Address of New Registered Agent
Name
Cathy M Klassen
Street Address (P.O. Box Number is Not Acceptable)
1747 Auburn Lakes Dr
Rockledge FL 32955
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 Cathy M Klassen Cathy M Klassen 4-28-07
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. ☐ \$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 MKLASSEN, CATHY 1747 HUBURN LAKES DR ROCKLEDGE, FL 32955 → spelled wrong	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cathy M Klassen 1747 Auburn Lakes Dr Rockledge FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cathy M Klassen (CK)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Cathy M Klassen Cathy M Klassen 4-28-07 321-720-7252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #