2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P98000089630

1. Entity Name

SERVICE ONE JANITORIAL, COMMERCIAL OFFICE CLEANING INC.

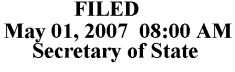


Principal Place of Business

6203 SW 89TH STREET OCALA, FL 34472

Mailing Address

P.O. BOX 6017 OCALA, FL 34478





CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

04252007 No Chg-P		CR2E034 (11/05)		
4. FEI Number	,		Applied For	
59-3533	3116		Not Applicable	
5. Certificate of	of Status Desired		\$8.75 Additional Fee Required	

04-25-07 Date Phone #

6. Name and Address of Current Registered Agent

ARNOLD, EDDIE III 6203 SW 89TH STREET OCALA, FL 34472

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

No Chg-P

SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent engulature required when reinstating) DATE OF THE SIGNATURE SI							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		······································			
TITLE NAME STREET ADDRESS CITY-ST-2IP	P ARNOLD, III, EDDIE 6203 SE 89TH ST OCALA, FL 34472						
NAME STREET AODRESS CITY-ST-ZIP					U00000752950 05/22/07-80001-006 150.00		
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZEP							
TITLE 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 it 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.							

NTED NAME OF SIGNING OFFICER OR DIRECTOR

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