

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90012 020 ***150.00

DOCUMENT # P98000107128 1. Entity Name TALBOTT'S COMMERCIAL CLEANING INC.			
Principal Place of Business 10210 SANDY HOLLOW LANE BONITA SPRINGS, FL 34135		Mailing Address 10210 SANDY HOLLOW LANE BONITA SPRINGS, FL 34135	
2. Principal Place of Business - No P.O. Box # 10210 Sandy Hollow Ln. Suite, Apt. #, etc.		3. Mailing Address 10210 Sandy Hollow Ln. Suite, Apt. #, etc.	
City & State Bonita Springs Zip 34135 Country USA		City & State Florida Zip 34135 Country USA	
4. FEI Number 65-0932428		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TALBOTT, MARTY 10210 SANDY HOLLOW LANE BONITA SPRINGS, FL 34135		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: <u>Martina Talbott</u> DATE: <u>3-5-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P TALBOTT, MARTHA L 10210 SANDY HOLLOW LN BONITA SPGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Martina Talbott</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3-5-08</u> Daytime Phone #: <u>239 942-0268</u>	

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