

# ANNUAL REPORT (AR)

DOCUMENT # P99000007090

1. Entity Name

DON & JUDY'S CLEANING SERVICE, INC.



Principal Place of Business  
47 DAYTONA STREET  
DESTIN FL 32550

Mailing Address  
47 DAYTONA STREET  
DESTIN FL 32550

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3553475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAUTERIVE, JUDY D  
47 DAYTONA STREET  
DESTIN FL 32541

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

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DAUTERIVE, JUDY  
STREET ADDRESS 47 DAYTONA ST.  
CITY-STATE-ZIP DESTIN FL 32550 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition  
000000634927  
02/22/07-80032-003 150.00

TITLE TS  
NAME DAUTERIVE, DONALD  
STREET ADDRESS 47 DAYTONA ST.  
CITY-STATE-ZIP DESTIN FL 32550 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Donald J. Dauterive*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD J. DAUTERIVE TREAS

Date

Daytime Phone

2-1007 250-217  
0717

FILED  
Feb 14, 2007 08:00 AM  
Secretary of State



1st MOORE CR2E034 (10/06)