## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 25, 2008 08:00 AN DOCUMENT # P99000017780 **Secretary of State** A1A CLEANING SPECIALISTS, INC. Principal Place of Business Mailing Address **5495 A1A SOUTH** PO BOX 840023 SAINT AUGUSTINE, FL 32080 SAINT AUGUSTINE, FL 32080 CR2E034 (11/05) 01242008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3562666 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUTEN, DENA DO NOT WRITE **5495 A1A SOUTH** SAINT AUGUSTINE, FL 32080 IN THIS SPACE 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, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) U00000837989 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 n3/05/08-80012-022 150.00 Trust Fund Contribution, Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE TUTEN, DENA NAME STREET ADDRESS **5495 A1A SOUTH** SAINT AUGUSTINE, FL 32080 CITY-ST-ZIP TITEE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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 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:

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

Donatowien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08

904-461-9696

**FILED**