

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90005 041 ***150.00

DOCUMENT # P99000027186 1. Entity Name CAROL'S CONSTRUCTION CLEANING, INC.					
Principal Place of Business 23530 GARRETT AVENUE PORT CHARLOTTE, FL 33954			Mailing Address 23530 GARRETT AVENUE PORT CHARLOTTE, FL 33954		
2. Principal Place of Business 17300 PRAIRIE CREEK BLVD Suite, Apt. #, etc.			3. Mailing Address P.O. Box 495946 Suite, Apt. #, etc.		
City & State Punta Gorda FL Zip 33982			City & State Pt. Charlotte FL Zip 33949		
Country Charlotte			Country Charlotte		
4. FEI Number 65-0905508				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01202006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent PETERSEN, CAROL 23530 GARRETT AVENUE PORT CHARLOTTE, FL 33954				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PT PETERSEN, CAROL 23530 GARRETT AVENUE PORT CHARLOTTE, FL 33954 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSEN, TYLER S 23530 GARRETT AVENUE PORT CHARLOTTE, FL 33954 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASTRANGELO, ANGELA 510 READING ST. PORT CHARLOTTE, FL 33954 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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>Carol Petersen</u> <u>Carol Petersen</u> <u>2/15/06</u> <u>(941)575-8803</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					