2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 08:00 A Secretary of State

ANNUAL REPORT			May 02, 2006 08:00 Secretary of State			
DOCUMENT # P99000031033				Š	ecretary of	Sta
BEACHSIDE CLEANING SERVICES	, INC.					
Principal Place of Business	Mailing Address					
1902 IVANHOE ST	1902 IVANHOE ST					
SARASOTA, FL 34231	SARASOTA, FL 34231		}			
			 		발착성으로 11/급시 중11 중요 중점 11/달병 41/분드로	48 4 0.0 03
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		n and the second	04272006	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applie	d For
-		i generalisati Pariti di kamanana	65-0908	192		plicable
	a A p モー電子中に入びまり、本の物が (1787年) TOTAL		5. Certificate of	Status Desired	\$8.75 Addition Fee Required	ıai
6. Name and Address of Current	Registered Agent					*
GILBERT, WENDY S			DO 1			
1902 IVANHOE ST		ו טע	W TON	KIIE		
SARASOTA, FL 34231			IN T	HIS SP	ACF	
				· · · · · · · ·	, to _	-
		<u> </u>		* * * *		· ;
The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its register	ed office or register	ed agent, or both,			accept
SIGNATURE Wind & Del	lut	·		4	-28 06	
Signature, typed or printed name of registered agent	and title if applicable (NOTE: Registere	ed Agent signature required	when reinstating)	t II a Cara	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	9. Election Campaign Final Trust Fund Contribution.	· _ • •	.00 May Be ed to Fees	05/17/0	00558810 6-80106-022 150	0.00
10. OFFICERS AND	DIRECTORS	I -				 -
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NAME GILBERT, WENDY S STREET ADDRESS 1902 IVANHOE ST		1				
CITY-SI-ZIP SARASOTA, FL 34231		}				
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NAME				-		
STREET ADDRESS					at each will	
CITY-ST-ZIP				erate i are i	a Anna Sala	
TITLE			:==. ^ <u>_</u>	and the second		
NAME STREET ADDRESS						
CITY-SI-ZIP			· DO I	W TON	RITE	
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NAME			11.4 1	LIO OL	ACE	
STREET ADDRESS						
CITY-SI-ZIP		1				
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NAME STORY ANDRESS					•*	٠
STREET ADDRESS CITY-ST-ZIP			•	.*		
		ł				
TITLE NAME		[

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 path; 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42806

Daytime Phone #