## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P99000034724** 01-10-2005 90048 047 \*\*\*150.00 CAMPBELL'S CLEANING SERVICES, INC. Mailing Address Principal Place of Business 2812 SUMMER SWAN DR 2812 SUMMER SWAN DR ORLANDO, FL 32825 ORLANDO, FL 32825 3. Mailing Address 1709 Fountainhead 2. Principal Place of Business 1709 Fountainhead Dr Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For F١ Laxe 59-3569459 maru ake man Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired U.≤ 32746 Se Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASE, HENRY J Street Address (P.O. Box Number is Not Acceptable) 2812 SUMMER SWAN DR ORLANDO, FL 32825 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE Anita A. Case 1709 Fountainhead Drive Lake Mary, FL 32746-4402 NAME CASE, ANITA A NAME 2812 SUMMER SWAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP OWN ☐ Delete Change TITLE TITLE ☐ Addition Mr. Henry Case CASE, HENRY J NAME NAME 1709 Fountainhead Dr. STREET ADDRESS 2812 SUMMER SWAN DRIVE STREET ADDRESS Lake Mary, FL 32746 ORLANDO, FL 32825 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TOTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS STANCE BUT IN . CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Horida 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:

**FILED** 

Jan 10, 2005 8:00 am