

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90338 027 ***150.00

DOCUMENT # P99000053262

1. Entity Name
M & R CLEANING SERVICES, INC.



Principal Place of Business
**712 SILVERWOOD DR.
LAKE MARY, FL 32746**

Mailing Address
**712 SILVERWOOD DR.
LAKE MARY, FL 32746**

50038324



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3583880

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LOPEZ, MIRIAM E
712 SILVERWOOD DR.
LAKE MARY, FL 32746**

Name **LOPEZ, Richard**
Street Address (P.O. Box Number is Not Acceptable) **712 Silverwood Dr.**
LAKE MARY FL.
City **FL** Zip Code **32746**

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

Richard Lopez
Signature, typed or printed name of registered agent and date, if applicable.

Richard LOPEZ Vice-president
(NOTE: Registered Agent signature required when reinstating)

4/17/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LOPEZ, MIRIAM E**
STREET ADDRESS **712 SILVERWOOD DR.**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☒ Addition
NAME **Lopez, Richard**
STREET ADDRESS **712 Silverwood Dr.**
CITY-ST-ZIP **LAKE MARY, FL 32746**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
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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), 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:

Miriam E. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 17, 2005
Date

Daytime Phone #