2008 FOR PROFIT CORPORATION

FILED
Mar 07, 2008 08:00
Secretary of State

ANNOAL REPORT						
DOCUMENT # P9900 1. Entity Name COMMERCIAL MAID, INC.						
Principal Place of Business 14004 ROOSEVELT BLVD 611 CLEARWATER, FL 33762	Mailing Address P.O. BOX 17806 CLEARWATER, FL 33762					
	:					

14004 R00	De of Business SEVELT BLVD	Mailing Address P.O. BOX 17806 CLEARWATER, FL 33762		**		
CLEARWATE	R, FL 33762	,		# (\$100 A) A) A) A A) A A) A A A A		
		,	٠,	03042008 No Chg-P CR2E034 (11/05)		
DO NOT WRITE IN THIS SPA		CE	4. FEI Number Applied For 59-3599624 Not Applied For			
•				5 Certificate of Status Desired Status Resired Status Resired	_	
	6. Name and Address of Current Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·	Fee Required		
		gistored rigent		and the second of the second o		
	, PATRICIA L CADE LANE		DO NOT WRITE			
	RBOR, FL 34684			IN THIS SPACE		
				IN THIS SPACE		
				1		
	e named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or register	ered agent, or both, in the State of Florida. I am familiar with, and accept	pt	
the doliga	nors of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Registers	ed Agent signature required	ed when reinstaling) DATE		
	-				_	
	.E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution		5.00 May Be ded to Fees		
10.	OFFICERS AND DI	RECTORS	* , ,			
TITLE	PCD					
NAME	WALDON, PATRICIA L					
STREET ADDRESS CITY-ST-ZIP	322 CASCADÉ LANE PALM HARBOR, FL 34684					
TITLE	STD			U00000850435 03/24/08-80005-018 150.00		
NAME	WALDON, TOBY D			05/24/08~80005~018 130.00		
STREET ADDRESS	322 CASCADE LANE				•	
CITY-ST-ZIP	PALM HARBOR, FL 34684		-		٠,	
TITLE NAME						
STREET ADDRESS				DO NOT WOITE	٠.	
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TITLE			,	IN THIS SPACE	٠.	
NAME CTREET ADDRESS			· · · · · ·	M TIMO OF MOL		
STREET ADDRESS CITY+ST-ZIP					ч	
TITLE						
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CITY-ST-ZIP		***************************************	.			
TITLE					•••	
NAME STREET ADDRESS			.	Secretary of the Secretary of	:	
City-St-ZiP						

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes | 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: Patricia Waldon Patricia Waldon	3/4/08	727-507-0615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #