

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90046 045 \*\*\*158.75

**DOCUMENT # P98000063187**

1. Entity Name  
**A1A CONSTRUCTION CLEANING SERVICE INC.**



Principal Place of Business  
**5 TROPICAL DR.  
 OCEAN RIDGE FL 33435**

Mailing Address  
**5 TROPICAL DR.  
 OCEAN RIDGE FL 33435**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**22 TROPICAL DR.**  
 Suite, Apt. #, etc.  
~~22~~ **H/A**

1st MOORE CR2E034 (10/06)

City & State  
**OCEAN RIDGE FL**

City & State  
**OCEAN RIDGE FL**

Zip  
**33435**

Country  
**P.B.C.**

4. FEI Number **65-0917804**

Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEKANIDES, PHYLLIS K  
 5 TROPICAL DR.  
 OCEAN RIDGE FL 33435**

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	PLEKANIDES, PHYILLIS	5 TROPICAL	OCEAN RIDGE FL 33435	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Phyllis K. Lekanides* **PHYLLIS K. LEKANIDES** 1/29/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5-13-2007** Daytime Phone # \_\_\_\_\_