2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004
Secretary of State

DOCUMENT# F77845

Entity Name: HERRING CLEANING SERVICES, INC.

Current Principal Place of Business:

4566 ST JOHNS AVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P O BOX 380090
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-1784134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERRING, JOAN
4341 WOODMERE ST
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: HERRING, SHANE,
Address: 12008 E RISING OAKS DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD ( ) Delete
Name: HERRING, JOAN,
Address: 4341 WOODMERE ST
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: HERRING, CARL
Address: 4341 WOODMERE ST
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD ( ) Delete
Name: BRIGHT, JENNY
Address: 4512 FRENCH ST.
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN HERRING PD 02/16/2004

Electronic Signature of Signing Officer or Director Date