


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90030 016 ***150.00

DOCUMENT # P02000011674

1. Entity Name
JM CLEANING SERVICE INC.



Principal Place of Business Mailing Address

4320 SUNBEAM ROAD APT 215 4320 SUNBEAM ROAD APT 215
 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257

2. Principal Place of Business 3. Mailing Address

6526 Todd Rd. **6526 Todd Rd.**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Jacksonville Florida **Jacksonville Florida**

Zip Country Zip Country

32216 **United States** **32216** **United States**



01292004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

03-0382793 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAZUELOS, MARIA E
 4320 UNSBEAM ROAD APT 215
 JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name: **Mazub, Marie E.**
 Street Address (P.O. Box Number is Not Acceptable): **6526 Todd Rd.**
 City: **Jacksonville** FL Zip Code: **32216**

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: *Marie E. Mazub* (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

- 10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZUELOS, MARIA E	NAME	
STREET ADDRESS	4320 UNSBEAM ROAD APT 215	STREET ADDRESS	6526 Todd Rd.
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	Jacksonville FL 32216
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRESNO, JULIO A	NAME	
STREET ADDRESS	4320 UNSBEAM ROAD APT 215	STREET ADDRESS	6526 Todd Rd.
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	Jacksonville FL 32216
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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)(l), 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: *Marie E. Mazub* 01-31-04 904-502-7208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #