


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P0300Q010717 1. Entity Name KAT'S CONSTRUCTION CLEANING, INC. |  |
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FILED

04 OCT -4 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 925 HUGO CIRCLE DELTONA, FL 32738 | Mailing Address 925 HUGO CIRCLE DELTONA, FL 32738 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address P O Box 369 |
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09132004 Chg-P CR2E034 (10/03) 04

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|---------------------------------------|---|--|
| City & State Osteen FL | 4. FEI Number 56-2322831 | Applied For <input type="checkbox"/> Not Applicable |
| Zip Country 32764 USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BUNK, KATHLEEN 925 HUGO CIRCLE DELTONA, FL 32738 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 24px; font-weight: bold; border: 1px solid black; padding: 5px;">REINSTATEMENT</div> City Zip Code FL |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST BUNK, KATHLEEN 925 HUGO CIRCLE DELTONA, FL 32738 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-size: 18px; font-weight: bold;">800041564468</div> 10/04/04--01029--002 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUNK, KATHLEEN 925 HUGO CIRCLE DELTONA, FL 32738 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Kathleen B Bunk 9/30/04 4078321573

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

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