2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2004 08:00 AM Secretary of State DOCUMENT # S60977 CRYSTAL CLEAR CLEANING CONTRACTORS INC. Principal Place of Business Mailing Address 10404 N.W. 5TH ST. 10404 N.W. 5TH ST. PLANTATION, FL 33324 PLANTATION, FL 33324 No Chg-P CR2E034 (10/03) 02172004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0270729 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION, FL 33324 IN THIS SPACE 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) <u>and the state of the lighting of the control of th</u> **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 o estrolo en sul codigir d**i** Calif Added to Fees OFFICERS AND DIRECTORS 10. U00000081281 03/08/04-80143-009 150.00 TITLE DORN, DAVID L. NAME STREET ADDRESS 10404 N.W. 5TH ST. CITY-ST-ZIP PLANTATION, FL TITLE DORN, CRAIG R. NAME STREET ADDRESS 10404 N.W. 5TH ST. PLANTATION, FL CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04

FILED