2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 591151

Name:

Address:

City-St-Zip:

TOPPER, NANCY,

11828 CHESTNUT AVENUE

PALM BEACH GARDENS, FL

FILED Feb 29, 2004 Secretary of State

Entity Nar	ne: THE CLE	AN SWEEP SHOP,INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
921 PARK LAKE PAR	AVENUE K, FL 33403				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ESTNUT AVE. CH GARDEN	S, FL 33410			
FEI Number:	59-1878600	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
PALM BCH The above	ESTNUT AVE I GARDENS,		purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR					
		nic Signature of Registered Ac	gent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TOPPER, WAY	· · · · · · · · · · · · · · · · · · ·	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TOPPER, NAN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NANCY M. TOPPER **VST** 02/29/2004