


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H24736 1. Entity Name SIR CLEAN BUILDING SERVICES, INC.	
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Principal Place of Business 1381 N.W. 27TH AVENUE LAUDERHILL, FL 33311 US	Mailing Address 4897 N W 67TH AVE FT. LAUDERDALE, FL 33319 US
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04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WRIGHT, ANTHONY D. 4897 NW 67 AVE LAUDERHILL, FL 33319

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WRIGHT, ANTHONY D. 4897 NW 67 AVE LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WRIGHT, THELMA B. 4897 NW 67 AVE LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, LAURETTE A. 613 FAMCEE STR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Anthony D. Wright* **4-17-04** **954-583-6272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #