

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90019 048 \*\*\*150.00

DOCUMENT # P00000003786

1. Entity Name  
 DAZZLE CLEANING SERVICES, INC.



Principal Place of Business: 3 TALAVERA CT. SAINT AUGUSTINE, FL 32086 US  
 Mailing Address: 3 TALAVERA CT. SAINT AUGUSTINE, FL 32086 US



2. Principal Place of Business: 13215 Harbour Vista Cr. Suite, Apt. #, etc.  
 3. Mailing Address: 13215 Harbour Vista Cr. Suite, Apt. #, etc.

03082004 Chg-P CR2E034 (10/03)

City & State: St. Augustine FL  
 City & State: St. Augustine Florida  
 Zip: FL 32080 Country: St. John's  
 Zip: 32080 Country: St. John's

4. FEI Number: 59-3618704  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 MOCK, DAVID  
 121 DORY RD  
 ST. AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent  
 Name: Kathy McCulla  
 Street Address (P.O. Box Number is Not Acceptable): 13215 Harbour Vista Circle  
 City: St. Augustine FL Zip Code: 32080

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: *Kathy McCulla* President *Kathy McCulla* 3/9/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MCCULLA, KATHERINE	
STREET ADDRESS	3 TALAVERA CT.	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVP TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katherine McCulla	
STREET ADDRESS	13215 Harbour Vista Cr.	
CITY-ST-ZIP	St. Augustine FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: *Kathy McCulla* *Kathy McCulla* 3/9/04 904-377-2077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #