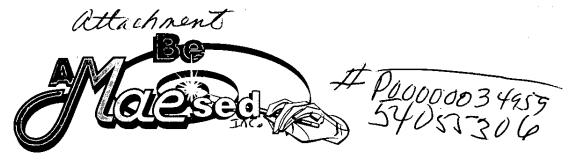
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P00000034959 05-24-2004 90002 038 \*\*\*150.00 1. Entity Name BE-A-MAE'SED, INC. Principal Place of Business Mailing Address 5405530R 2501 SWAN DR NE 2501 SWAN DR NE WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 03042003 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3638433 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALKER, MAE F Street Address (P.O. Box Number is Not Acceptable) 2501 SWAN.DR NE WINTER HAVEN, FL 33881 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PSTD ☐ Change TITLE ☐ Delete TITSE WALKER, MAE F NAME NAME 2501 SWAN DR NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINTER HAVEN, FL 33881 VP, D, JOHN WALKER 2501 5WAN DRIVE NE ☐ Delete TITLE **Addition** MILE NAME NAME STREET ADDRESS STREET ADDRESS WINTER HAVEN, 7L 33881 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

GNING OFFICER OR DIRECTOR

FILED

May 24, 2004 8:00 am



## **Professional Cleaning Services**

2501 Swan Drive, N.E. • Winter Haven, FL 33881 • Phone: (941) 293-8220 • Fax: (941) 293-4401 863-944-1112

Division of Corporation P.O.Box 1500 Tallahassee, FL 32302-1500

May 19, 2004

Waver request.

The reason why my corporate tax is delinquent, is because I have been injured in auto accident and been unemployed for three and half years.

I recently reactivated my business and I was short on funds.

I am requesting a waver of late fees.

Sincerely,

Mae Walker, President

Mae Walker

种的数据自动调制的