



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90042 034 \*\*\*150.00

<b>DOCUMENT # P00000070442</b> 1. Entity Name <b>BUSY'S BEE'S UNIQUE CLEANING SERVICE INC.</b>					
Principal Place of Business <b>213 SANORA BLVD. SANFORD FL 32771</b>		Mailing Address <b>213 SANORA BLVD. SANFORD FL 32771</b>			
2. Principal Place of Business <b>123 Courtney Springs Circle</b>		3. Mailing Address <b>123 Courtney Springs Circle</b>		 <b>MOORE CR2E034 (11/03)</b>	
City & State <b>Winter Springs, FL.</b>		City & State <b>Winter Springs, FL.</b>		4. FEI Number <b>59-3656174</b>	
Zip <b>32708</b> Country <b>USA</b>		Zip <b>32708</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FERGUSON, BEE BEE 213 SANORA BLVD. SANFORD FL 32773</b>				7. Name and Address of New Registered Agent Name <b>Ferguson, Bee Bee</b> Street Address (P.O. Box Number is Not Acceptable) <b>123 Courtney Springs Cir.</b> City <b>Winter Springs, FL</b> Zip Code <b>32708</b>	
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees.</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FERGUSON, BEE BEE 213 SANORA BLVD. SANFORD FL 32773</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ferguson, Bee Bee 123 Courtney Springs Cir. Winter Springs, FL 32708</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
<b>SIGNATURE:</b> <u>B. Ferguson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/12/04</u> Date		
Daytime Phone # _____					