

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116416

FILED
Aug 03, 2004
Secretary of State

Entity Name: LUXURY FLUSH SERVICES, INC.

Current Principal Place of Business:

405 AVONDALE CT.
WINTER PARK, FL 32708

New Principal Place of Business:

405 AVONDALE CT.
WINTER SPRINGS, FL 32708

Current Mailing Address:

405 AVONDALE CT.
WINTER PARK, FL 32708

New Mailing Address:

405 AVONDALE CT.
WINTER SPRINGS, FL 32708

FEI Number: 59-3689058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M
557 N WYMORE ROAD STE 100
MAITLAND, FL 32751

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MCFADDEN, ORNELLA
Address: 1110 SUPERIOR COURT
City-St-Zip: WINTER PARK, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MCFADDEN, ORNELLA
Address: 405 AVONDALE CT
City-St-Zip: WINTER SPRINGS, FL 32708

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.

SIGNATURE: ORNELLA MCFADDEN

PRES

08/03/2004

Electronic Signature of Signing Officer or Director

_____ Date