
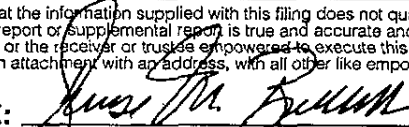


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000015387 1. Entity Name LSD CLEANING, INC.		
Principal Place of Business 2493 PINE CHASE CIRCLE SAINT CLOUD, FL 34769	Mailing Address 2493 PINE CHASE CIRCLE SAINT CLOUD, FL 34769	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TAYLOR, ALAN B ESQ C/O LITCHFORD & CHRISTOPHER PA 390 NORTH ORANGE AVE STE 2200 ORLANDO, FL 32801		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000151804 05/04/04-80062-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERWICK, DENISE M 2493 PINE CHASE CIRCLE SAINT CLOUD, FL 34769	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLETCHER, CARLA 1213 LEONE DR HAINES CITY, FL 33844	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEAL, SHELLY 218 N 24TH ST HAINES CITY, FL 33844	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  PRESIDENT		04/30/04 4073833904
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>