2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Mar 09, 2004 8:00 am **Secretary of State DOCUMENT # P01000017975** 1. Entity Name 03-09-2004 90021 049 ***150.00 COLLIER COMMERCIAL CLEANING, INC. Principal Place of Business Mailing Address 783 92ND AVENUE NORTH 783 92ND AVENUE NORTH NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address 3980 STH AUE NW 3980 SIH AUE. N.W. Suite, Apt. #, etc. MOORE CR2E034 (1.1/03) City & State City & State 4. FEI Number Applied For VAPLES NAPLES. PL 65-1114966 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUTTERFIELD PITKIN, JERALD R ESQ (P.O. Box Number is Not Acceptable) 801-ANCHOR RODE DR., #203 NAPLES FL-34103 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. the obligations of registered agent. SIGNATURE QUSAN BUTTERFIELC FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE ☐ Addition BUTTERFIELD, GARTH NAME NAME 3980 STH AVE . N.W 783 92ND AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP DST TITLE ☐ Delete TITLE -enange ☐ Addition NAME BUTTERFIELD, SUSAN 3980 STH AVE NO STREET ADDRESS 783-92ND-AVENUE NORTH STREET ADDRESS NAPLES FL 34100 CITY-ST-ZIP_ CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED