

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90451 009 \*\*\*150.00

**DOCUMENT # P01000023369**

1. Entity Name

SHEREE D. BREWER CLEANING SERVICES, INC.



Principal Place of Business

9404 NORTH EDISON AVE  
TAMPA FL 33612

Mailing Address

P O BOX 16226  
TAMPA FL 33687-6226

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3701432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BREWER, SHEREE D  
9404 NORTH EDISON AVE  
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name **TAMPA ACCOUNTING**

Street Address (P.O. Box Number is Not Acceptable)

**17121 MORRIS BRIDGE RD.**

City **TAMPA** **FL 33634**

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 *Sherree D Brewer president* **SHEREE D. BREWER** **4-25-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BREWER, SHEREE D  
STREET ADDRESS 9404 NORTH EDISON AVE  
CITY-ST-ZIP TAMPA FL 33612

TITLE V ☒ Delete  
NAME MAJCHER, LAWERENCE  
STREET ADDRESS 9404 NORTH EDISON AVE  
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TRES** ☐ Change ☒ Addition  
NAME **JORGE SANTOS**  
STREET ADDRESS **6501 ALTA MONTE DR.**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **SEC** ☐ Change ☒ Addition  
NAME **MARTHA VANEGOS**  
STREET ADDRESS **6501 ALTA MONTE DR.**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *Sherree D Brewer president* - **SHEREE D. BREWER** **4-20-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #