

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90024 004 ***150.00

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1. Entity Name

FINEST DETAIL CLEANING, INC.

Principal Place of Business

1115 SPRING MEADOW DR
KISSIMMEE FL 34741

Mailing Address

PO BOX 422656
KISSIMMEE FL 34742

34001247



MOORE

CR2E034 (11/03)

2. Principal Place of Business

home - process of closing business
1115 Spring Meadow
Kissimmee, FL

3. Mailing Address

P.O. Box 422656
Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34741

Country

USA

Zip

34742

Country

USA

4. FEI Number

59-3704534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMRUK, ANDY J CPA
717 EAST OAK STREET
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name LINDA SMITH

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

1115 SPRING MEADOW DR

City

KISSIMMEE

FL

Zip Code

34741

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

LINDA SMITH PRES.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

Linda Smith 01/20/04

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 D
NAME SMITH, LINDA
STREET ADDRESS PO BOX 422656
CITY-ST-ZIP KISSIMMEE FL 34742

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME *Andy Baumruk*
STREET ADDRESS *(see # 6) is no longer doing my CPA work.*
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Linda Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA SMITH

01/20/04

407-935-9227