


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000046708</b>	
1. Entity Name <b>WINFRED COMMERCIAL CLEANING, INC.</b>	

Principal Place of Business <b>1620 SURREY TRAIL WIMAUMA FL 33598</b>	Mailing Address <b>1620 SURREY TRAIL WIMAUMA FL 33598</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  <b>PLESS, GERALD 1620 SURREY TRAIL WIMAUMA FL 33598</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PLESS, GERALD 1620 SURREY TRAIL WIMAUMA FL 33598	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000035154 02/06/04-80008-006 150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PLESS, MARY 1620 SURREY TRAIL WIMAUMA FL 33598	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Gerald D. Pless **GERALD D. PLESS** 2-1-04 813-615-9931