2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## <u>Feb</u> 04, 2004 08:00 AM Secretary of State DOCUMENT # P01000046708 1. Entity Name WINFRED COMMERCIAL CLEANING, INC. Mailing Address Principal Place of Business 1620 SURREY TRAIL 1620 SURREY TRAIL WIMAUMA FL 33598 WIMAUMA FL 33598 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3718047 Not Applicable Ζφ Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLESS, GERALD Street Address (P.O. Box Number is Not Acceptable) 1620 SURREY TRAIL WIMAUMA FL 33598 Zip Code City 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. Signature typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TE OFFICERS AND DIRECTORS 10. 11. DPT TITLE Chance ☐ Addition TITLE Delete PLESS, GERALD NAME MAME U000000035154 STREET ADDRESS STREET ADDRESS 1620 SURREY TRAIL 02/06/04-80008-006 150.00 CITY - ST- ZIP WIMAUMA FL 33598 CRY-ST-ZIP Addition DVS ☐ Delete 33713 ☐ Channe TITLE PLESS, MARY NAME SEASAF STREET ADDRESS 1620 SURREY TRAIL STREET ADDRESS CRTY - ST - ZIP CITY-ST-ZIP WIMAUMA FL 33598 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME MALSE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CXXY-SX-789 ☐ Delete TITLE Change Addition BILE MARKE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CUTY-ST-ZIP TETLE ☐ Change ☐ Addition TITLE Delete NAME Masar STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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** 

FRAID PLESS 2-1-04 813-625-9931