

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

May 03, 2004 08:00 AM  
Secretary of State

DOCUMENT # P01000047303

1. Entity Name  
MASTERCLEAN OF SOUTHWEST FLORIDA, INC.



Principal Place of Business  
9230 CEDAR CREEK DR.  
BONITA SPRINGS, FL 34135

Mailing Address  
9230 CEDAR CREEK DR.  
BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE

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04302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3719667

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, JAMIE LEA  
9230 CEDAR CREEK DR.  
BONITA SPRINGS, FL 34135

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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 *Jamie Leamurphy president*

4/29/04  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST  
NAME MURPHY, JAMIE LEA  
STREET ADDRESS 9230 CEDAR CREEK DR.  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE C  
NAME MURPHY, PATRICK C  
STREET ADDRESS 9230 CEDAR CREEK DR  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
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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)(f), 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: *Jamie L. Murphy Jamie Lea Murphy* 4/29/04 495-8819  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #