

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000071337**

1. Entity Name

KAREN WESTBROOK'S CLEANING SERVICE, INC.



Principal Place of Business

5105 TWIN PINE DRIVE  
PLANT CITY, FL 33567

Mailing Address

5105 TWIN PINE DRIVE  
PLANT CITY, FL 33567



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number

59-3731907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WESTBROOK, KAREN  
5105 TWIN PINE DRIVE  
PLANT CITY, FL 33567

**DO NOT WRITE  
IN THIS SPACE**

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 enclosing)

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           | D                    |
| NAME            | WESTBROOK, KAREN     |
| STREET ADDRESS  | 5105 TWIN PINE DRIVE |
| CITY - ST - ZIP | PLANT CITY, FL 33567 |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
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| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

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05/03/04-80180-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Karen Westbrook*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 813-754-4119