


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000071532		
1. Entity Name S.A.M.'S PROFESSIONAL CLEANING SERVICES, INC.		
Principal Place of Business 209 MOURNING DOVE RD. SATSUMA, FL 32189	Mailing Address P. O. BOX 353 E. PALATKA, FL 32131-0353	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRANTLEY, ANITA 209 MOURNING DOVE RD. SATSUMA, FL 32189		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000139850 04/29/04-80138-013 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTLETT, ANITA 209 MOURNING DOVE RD. SATSUMA, FL 32189	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TEEM, SABRINA 304 DEER RUN RD. SATSUMA, FL 32189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, ADAM S 1620 HARBOUR VISTA CIRCLE SAINT AUGUSTINE, FL 32080	
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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: <i>Sabrina Teem</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-26-04 346-4903 Date Daytime Phone #