


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000081012	
1. Entity Name AMERICLEAN MAINTENANCE CORPORATION	

Principal Place of Business 500 PALM ST., STE. 31 WEST PALM BEACH, FL 33401	Mailing Address 500 PALM ST., STE. 31 WEST PALM BEACH, FL 33401
---	---

DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1881193	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, JAMES S
500 PALM ST., STE. 31
WEST PALM BEACH, FL 33401**

**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:  **James S. Johnson / President** 3/25/04
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, JAMES S 500 PALM ST., STE. 31 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000103742
04/05/04-80069-006 150.00

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:  **James S. Johnson / President** 3/25/04 (561) 655-8891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #