


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90001 014 ***158.75

DOCUMENT # P02000013920

1. Entity Name
A+ CLEANING AND FLOORS, INC.



Principal Place of Business
**2329 WOODLAND DRIVE
 EDGEWATER, FL 32141**

Mailing Address
**2329 WOODLAND DRIVE
 EDGEWATER, FL 32141**

2. Principal Place of Business
2029 Needle Palm DR.
 Suite, Apt. #, etc.

3. Mailing Address
2029 Needle Palm DR.
 Suite, Apt. #, etc.



05312004 Chg-P CR2E034 (10/03)

City & State
Edgewater FL.

City & State
Edgewater, FL

4. FEI Number
20-0256756

Applied For
 Not Applicable

Zip
32141

Country
Volusia

Zip
32141

Country
Edgewater

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

6. Name and Address of Current Registered Agent
**SUITTO, JOSEPH
 2329 WOODLAND DRIVE
 EDGEWATER, FL 32141**

7. Name and Address of New Registered Agent
 Name **Suitto, R. Sharon**
 Street Address (P.O. Box Number is Not Acceptable)
2029 Needle Palm DR.
 City **Edgewater FL** Zip Code **32141**

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 **R. Sharon Suitto** **5/30/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees.** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SUITTO, JOSEPH 2329 WOODLAND DRIVE EDGEWATER, FL 32141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SUITTO, PAUL 2329 WOODLAND DRIVE EDGEWATER, FL 32141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SUITTO, R. SHARON 2329 WOODLAND DRIVE EDGEWATER, FL 32141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Suitto, Joseph 2029 Needle Palm Drive Edgewater, FL. 32141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD Suitto, R. Sharon 2029 Needle Palm DR Edgewater, FL. 32141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **R. Sharon Suitto** **5/30/04.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #