

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000027111 1. Entity Name MCDONALD'S CLEANING SERVICES INC.						FILED 04 NOV -2: PM 3: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 								
Principal Place of Business 2017 SPRINGCREEK HWY CRAWFORDVILLE, FL 32327				Mailing Address 2017 SPRINGCREEK HWY CRAWFORDVILLE, FL 32327										
2. Principal Place of Business		3. Mailing Address		10282004 Chg-P CR2E034 (10/03)		4. FEI Number 01-0623903		Applied For <input type="checkbox"/> Not Applicable						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required						
City & State		City & State		City & State		City & State		City & State						
Zip		Country		Zip		Country		Zip						
6. Name and Address of Current Registered Agent MCDONALD, JOSEPH E 2017 SPRINGCREEK HWY CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>										
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>														
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				500042401365 11/02/04--01053--005 **70.00						
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
TITLE	P	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME	MCDONALD, JOSEPH E			NAME										
STREET ADDRESS	2017 SPRINGCREEK HWY			STREET ADDRESS										
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327			CITY - ST - ZIP										
TITLE	V	<input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition								
NAME	FLOYD, KRISTINE P			NAME	McDonald, Jill C.									
STREET ADDRESS	2017 SPRINGCREEK HWY			STREET ADDRESS	2017 Spring Creek Hwy									
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327			CITY - ST - ZIP	Crawfordville, FL 32327									
TITLE	S	<input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition								
NAME	TOUCHTON, GERRY O JR			NAME	Grette, David									
STREET ADDRESS	31 SLASH PINE			STREET ADDRESS	57 Dakota Dr.									
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327			CITY - ST - ZIP	Crawfordville, FL 32327									
TITLE		<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME				NAME										
STREET ADDRESS				STREET ADDRESS										
CITY - ST - ZIP				CITY - ST - ZIP										
TITLE		<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME				NAME										
STREET ADDRESS				STREET ADDRESS										
CITY - ST - ZIP				CITY - ST - ZIP										
TITLE		<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME				NAME										
STREET ADDRESS				STREET ADDRESS										
CITY - ST - ZIP				CITY - ST - ZIP										
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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>Joseph E. McDonald</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					10/25/04 <small>Date</small>					850-228-2083 <small>Daytime Phone #</small>				

Joseph E. McDonald, President