



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90016 049 \*\*\*150.00

<b>DOCUMENT # P02000032836</b> 1. Entity Name <b>DEBBIE BRAZILL'S CONSTRUCTION CLEANING INC.</b>																										
Principal Place of Business <b>1722 BONFIRE TERRACE PORT ST. LUCIE FL 34953</b>				Mailing Address <b>1722 BONFIRE TERRACE PORT ST. LUCIE FL 34953</b>																						
2. Principal Place of Business <b>2314 SW NEAL ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>2314 SW NEAL RD</b> Suite, Apt. #, etc.		 MOORE CR2E034 (11/03)																						
City & State <b>PORT ST. LUCIE FL</b> Zip Country <b>34953 US</b>		City & State <b>PORT ST. LUCIE FL</b> Zip Country <b>34953 US</b>		4. FEI Number <b>04-3631345</b> Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>BRAZILL, DEBBIE Y 1722 BONFIRE TERRACE PORT ST. LUCIE FL 34953</b>																						
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2314 SW NEAL ROAD</b> City <b>PORT ST. LUCIE FL</b> Zip Code <b>34953</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRAZILL, DEBBIE Y</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1722 BONFIRE TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ST. LUCIE FL 34953</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	BRAZILL, DEBBIE Y		STREET ADDRESS	1722 BONFIRE TERRACE		CITY-ST-ZIP	PORT ST. LUCIE FL 34953		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2314 SW NEAL ROAD.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PORT ST. LUCIE FL 34953</b></td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>2314 SW NEAL ROAD.</b>		CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34953</b>	
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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.																										
<b>SIGNATURE:</b> <u>Debbie Brazill</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>2-8-04 (772) 359-5520</u> Date Daytime Phone #																						