

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90030 020 ***150.00

DOCUMENT # P02000038554

1. Entity Name
JOHN'S CLEANING SERVICE INC.



Principal Place of Business
**3315 58TH AVE S APT 311
 ST PETERSBURG, FL 33712**

Mailing Address
**3315 58TH AVE S APT 311
 ST PETERSBURG, FL 33712**

2. Principal Place of Business
94 GLADES CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address
94 GLADES CIRCLE
 Suite, Apt. #, etc.

City & State
LARGO, FL
 Country
FLORIDA

City & State
LARGO, FL
 Country
FLORIDA

4. FEI Number
01-0651281

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

6. Name and Address of Current Registered Agent
**KLICKA, JAN
 3315 58TH AVE S APT 311
 ST PETERSBURG, FL 33712**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
94 GLADES CIRCLE
 City **LARGO** **FL** Zip Code **33712**



03052004 Chg-P CR2E034 (10/03)

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME KLICKA, JAN	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 94 GLADES CIRCLE
STREET ADDRESS 3315 58TH AVE S APT 311	CITY-ST-ZIP ST PETERSBURG, FL 33712	STREET ADDRESS LARGO, FL	CITY-ST-ZIP 33712 33771
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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)(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: *Jan Klicka* PRESIDENT **03.09.2004 (727) 535-3797**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #