

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000047925

1. Entity Name
SIX LADIES IN A BUCKET CLEANING SERVICE, INC.



Principal Place of Business
705 MARYLAND AVENUE
ST. CLOUD, FL 34769

Mailing Address
705 MARYLAND AVENUE
ST. CLOUD, FL 34769



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3040632

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIS, MARY
705 MARYLAND AVENUE
ST. CLOUD, FL 34769

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when releasing)

DATE

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

000000132748

04/27/04-80060-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIS, MARY
STREET ADDRESS	705 MARYLAND AVENUE
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	VTS
NAME	BIANCO, MICHELE
STREET ADDRESS	705 MARYLAND AVENUE
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mary Willis MARY WILLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04

Date

407-957-4149

Daytime Phone #