## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 20, 2004 08:00 AM DOCUMENT # P02000059645 **Secretary of State** DENISE'S CLEANING OF THE PALM BEACHES, INC Principal Place of Business Mailing Address 2604 HINDA RD 2604 HINDA RD LAKE PARK, FL 33403 LAKE PARK, FL 33403 CR2E034 (10/03) 01082004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0084902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BALLARD, DENISE A DO NOT WRITE 2604 HINDA RD LAKE PARK, FL 33403 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 all printed name of registered agent and title if applicable (NOTE: Repretend Agen) standard reputed when remetal app 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BALLARD, DENISE A NAME STREET ADDRESS 2604 HINDA RD CITY ST-ZIP LAKE PARK, FL 33403 TITLE NAME 01/20/04-80086-020 150.00 STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY: ST: ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

12. Thereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY - ST - ZIP

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC