



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90024 038 ***150.00

DOCUMENT # P02000070545 1. Entity Name XTREME CLEANING CONCEPTS, INC.					
Principal Place of Business 502 SELVA LAKES CIRCLE ATLANTIC BEACH, FL 32233			Mailing Address 502 SELVA LAKES CIRCLE ATLANTIC BEACH, FL 32233		
2. Principal Place of Business 495 Selva Lakes Circle Suite, Apt. #, etc.		3. Mailing Address P.O. Box 330168 Suite, Apt. #, etc.			
City & State Atlantic Beach, FL Zip 32233 Country USA		City & State Atlantic Beach, FL Zip 32233 Country USA		4. FEI Number 03-0466834	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent -SCHIEBER, CINDY 502 SELVA LAKES CIRCLE ATLANTIC BEACH, FL 32233			7. Name and Address of New Registered Agent Name Cindy Schieber Street Address (P.O. Box Number is Not Acceptable) 1884 Royal Fern Lane City Jacksonville Beach FL Zip Code 32250		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: <u>Cindy Schieber</u> Cindy Schieber 3-1-04 (904)716-0046 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					