


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan. 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000071426 1. Entity Name LINNEA'S CLEANING SERVICE, INC.	
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Principal Place of Business 502 129TH ST. NE BRADENTON, FL 34212	Mailing Address 502 129TH ST. NE BRADENTON, FL 34212
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0725010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ELLIOTT, LINNEA 502 129TH ST. NE BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIOTT, ROBERT R 502 129TH ST. NE BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/30/04-80029-018 150.00

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: Linnea Elliott Linnea Elliott/President 1/24/04 (941) 747-8488

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