


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000076050</b> 1. Entity Name BEN'S GUTTER CLEANING, INC.	
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Principal Place of Business 5481 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 US	Mailing Address 5481 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 US
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**DO NOT WRITE IN THIS SPACE**

02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0050943	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

MULLER, BEN  
5481 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH, FL 33411

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000032160 03/18/04 00030 005 150.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MULLER, BEN 5481 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MULLER, SARAH 5481 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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: Sarah Mueller 2-19-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #