## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 08, 2004 8:00 am Secretary of State

DOCUMENT # P02000083254  1. Entity Name AFFORDABLE CLEANING SERVICE OF LEE COUNTY, INC.:				04-08-2004 90034 050 ***158.75	
Principal Place of Business Mailing Address			<u></u>	94047651	
1201 DAYTON AVENUE		1201 DAYTON AVENUE		04041007	
LEHIGH ACKE	S, FL 33972	LEHIGH ACRES, FL 339	12		
Principal Place of Business     3. Mailing Address					
1 201 DOUTS Dre 7.0		3. Mailing Address  7.0. box 13	83	) INCHINAN IN ARKO HAM ARMI RAMI BATIL REFOLIARED HINA MEDILARIK ALBIRAN IJ INDI	
	Suite, Apt. #, etc. Suite, Apt. #, etc.			01262004 Chg-P CR2E034 (10/03)	
City & Stat	e	City & State	01	4. FEI Number Applied For	r
<del></del>	Octes Fl	Lewish acres		14-1841285   Not Applica	able
Zp 3539-	17 Country	01688	Country Lee	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
OGLE, BE	LINDA-J		Name		
1201 DAYTON AVE.			Street Addre	ess (P.O. Box Number is Not Acceptable)	
7 LEHIGH ACRES, FL 33972					
			City	FL Zip Code	
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 reinstating)  OATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D OGLE, BELINDA J	☐ Delete	TITLE NAME	☐ Change ☐ Add	ution
STREET ADDRESS	1201 DAYTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	Пъи	CITY-ST-ZIP	D. Oharra	eilia –
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
ļ	certify that the information supplied with	this filing does not qualify for		n Section 119.07(3)(i), Florida Statutes. I further certify that the informatio	n
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 tegal 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: SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR