

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000090852

1. Entity Name
DEE'S CLEANING, INC.



Principal Place of Business
**38905 EMERALDA ISLAND RD
LEESBURG, FL 34788**

Mailing Address
**38905 EMERALDA ISLAND RD
LEESBURG, FL 34788**



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3728516

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SULLIVAN, DEEDRA
38905 EMERALDA ISLAND RD
LEESBURG, FL 34788**

**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 _____

Printed Name of Registered Agent (If different from above) _____

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **SULLIVAN, DEEDRA**
STREET ADDRESS **38905 EMERALDA ISLAND RD**
CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE **V**
NAME **SULLIVAN, DEE ANNA**
STREET ADDRESS **38905 EMERALDA ISLAND RD**
CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000003147903
05/03/04-80125-004 150.00

**DO NOT WRITE
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)(b), Florida Statutes. I further certify that the information included 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 files empowered.

SIGNATURE: Deedra Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

Typed Name