## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P02000098792 1. Entity Name



**FILED** Aug 26, 2004 8:00 am Secretary of State 08-26-2004 90003 040 \*\*\*150.00

ISLAND CLEANERS AT FLEMING ISLAND PLANTATION, INC.										
Principal Place of Business			Mailing Address				,	_		_
2245 PLANTATION CTR DR STE 20 BLDG 5 ORANGE PARK, FL 32003			1056 DURBIN PARK DR JACKSONVILLE, FL 32259			54070011				
2. Principal Place of Business			3 Mailing Address 2955 Hartley Rd							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	204		08242004	Chg-P	CR2E	034 (10/03)	
City & State		Jacksonu II-				4. FEI Number 82-0564559			plied For t Applicable	
Zip		Country	32257	Coun	S M		of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New I	Registered	Agent	
SHON, YO										
1056 DUR JACKSON					Street Address (P.O. Box Number is Not Acceptable)					
					City				Zip Cod	
								Fl		
	named entity tions of registe		or the purpose of changing its	s register	ed office or re	gistered agent, or bo	th, in the State of Fl	lorida. I am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NO	fE: Registere	nd Agent signature i	required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Final Trust Fund Contribution.						<b>\$5.00</b> May Be Added to Fees	In accordance corporation did			
10.	OFFICERS AND DIRECTORS 11.				•	PINOLITICIA	CHANGES TO OF	FICERS AN	D DIRECTOR:	5 IN 11
	<del></del>		DIRECTORS		· · · · · ·	ADDITIONS				
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #