

2004 FOR PROFIT CORPORATION **AMENDED ANNUAL REPORT**

FILED DOCUMENT # P02000109906 04 AUG 23 AM 9: 04 EN-JOY CLEANING INC. SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6808 23RD AVE WEST -6808 23RD AVE WEST --BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business 6924 Arbor Oaks Cicle 3. Mailing Address 6924 arbor Oaks Circle 08032004 Chg-P CR2E034 (10/03) Gity & State 4. FEI Number Applied For 04-3717220 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIZEFATRICK, MARY J 6808 23RD AVE WEST 6924 arbor Oaks Crick BRADENTON, FL 34209 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 ered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Fitzpatrick, MANYJ Dichange PD ☐ Delete TITLE PD TITLE NAME FITZPATRICK, MARY J NAME -0808 23RD AVE W STREET ADDRESS STREET ADDRESS Bradenton FL 34209 CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP Dilorenzo, Lorraine & 6924 arbor oaks Circle VPD TITLEVPD TITLE ☐ Defete DILORENZO, LORRAINE NAME NAME STREET ADDRESS STREET ADDRESS 6808 23RD AVE. W. Bradenton FL 34209 CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP Arena, Jamie 6924 Arbor Oaks Circle TITLE 🔇 Addition TITLE ☐ Delete NAME--NAME STREET ADDRESS STREET ADDRESS Bradenton FL 34209 CITY-ST-ZIP CITY-ST-ZIP 700040738737 09/01/04--01075--003 **61.25 TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 tife 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 charged, or on an attachment with an address, with all offer like empowered. SIGNATURE: