

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000124741

1. Enlity Name SHIRLEY MATHIS GENERAL CLEANING TRUCKING-N-HAULING, INC.



Principal Place of Business

2275 HIGHLAND AVENUE FT. MYERS, FL 33916 Mailing Address

2275 HIGHLAND AVENUE FT. MYERS, FL 33916

FILED Apr 30, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

| 4. FEI Number | Applied For |
|----------------------------------|--------------------|
| 38-3676466 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional |

6. Name and Address of Current Registered Agent

MATHIS, SHIRLEY 2275 HIGHLAND AVENUE FT. MYERS, FL 33916

SIGNATURE:

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: typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating) DATE | | | | | | |
| 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. Added to Fees | | | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | * *** | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | PT MATHIS, SHIRLEY 2275 HIGHLAND AVENUE FT. MYERS, FL 33916 | | | | 研销的 医乳蛋质 | |
| TITLE NAME STREET ADDRESS CITY ST-ZIP | SV MUWAKKIL, JAMES 2275 HIGHLAND AVENUE FT. MYERS, FL 33916 | | | | 대 (1947) 144 (1944) (1973) 144 (1965) 155 (1967) | |
| TITLE NAME STREET ADDRESS CITY ST-ZIP | | | DO NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | | | IN ' | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | | | | | |
| TIFLE NAME STREET ADDRESS CITY ST ZIP | | | | | | |
| 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. | | | | | | |

WAKKI

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR