

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P02000126397

1. Entity Name

J & J MONROE CLEANING SERVICE, INC.



**FILED  
Apr 13, 2004 8:00 am  
Secretary of State**

04-13-2004 90033 021 \*\*\*150.00

Principal Place of Business

12836 78 PL NORTH  
W PALM BCH FL 33412

Mailing Address

12836 78 PL NORTH  
W PALM BCH FL 33412

2. Principal Place of Business

2995 Hwy 441 S.E.

3. Mailing Address

2995 Hwy 441 S.E.

Suite, Apt. #, etc.  
# 46

Suite, Apt. #, etc.  
# 44

City & State

Okeechopee FL

City & State

Okeechopee FL

Zip  
34974

Country  
Okeechopee

Zip  
34974

Country  
Okeechopee

6. Name and Address of Current Registered Agent

GRAVES, WILLIAM E  
2405 24 LN  
LAKE WORTH FL 33463

Name

Street Address (P.O. Box Number is Not Acceptable)

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

*William E. Graves*

(NOTE: Registered Agent signature required when reinstating)

*3/15/04*

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  Delete  
NAME MONROE, JANICE A  
STREET ADDRESS 12836-78-PL-NORTH 2995 Hwy 441 S.E.  
CITY-ST-ZIP W-PALM-BCH-FL-33412 Okeechopee, FL 34974

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MONROE, Jerry (VICE President)  Delete  
NAME  
STREET ADDRESS 2995 Hwy 441 S.E.  
CITY-ST-ZIP Okeechopee, FL 34974

Change  Addition  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE 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.

SIGNATURE:

*Janice O. Monroe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/04*

*561-644-3513*

Date

Daytime Phone #