


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0300Q010717 1. Entity Name KAT'S CONSTRUCTION CLEANING, INC.	
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FILED

04 OCT -4 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 925 HUGO CIRCLE DELTONA, FL 32738	Mailing Address 925 HUGO CIRCLE DELTONA, FL 32738
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P O Box 369 Suite, Apt. #, etc.
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09132004 Chg-P CR2E034 (10/03) **04**

City & State Osteen FL	4. FEI Number 56-2322831	Applied For <input type="checkbox"/> Not Applicable
Zip 32764	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUNK, KATHLEEN 925 HUGO CIRCLE DELTONA, FL 32738	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BUNK, KATHLEEN 925 HUGO CIRCLE DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800041564468 10/04/04--01029--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNK, KATHLEEN 925 HUGO CIRCLE DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kathleen B Bunk **9/30/04** **4078321573**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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