


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90034 035 \*\*\*150.00

<b>DOCUMENT # P03000013869</b> 1. Entity Name <b>PROFESSIONAL CLEANING CORPORATION, INC.</b>					
Principal Place of Business <b>4400 PINWOOD AVENUE WEST PALM BEACH, FL 33407</b>			Mailing Address <b>4400 PINWOOD AVENUE WEST PALM BEACH, FL 33407</b>		
2. Principal Place of Business <b>4717 47th Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>4717 47th Way</b> Suite, Apt. #, etc.			
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Bch, FL</b>		4. FEI Number <b>06-1677183</b>	
Zip <b>33407</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FORBES, TRACEY 4400 PINWOOD AVENUE WEST PALM BEACH, FL 33407</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4717 47th Way</b> City <b>West Palm Beach FL</b> Zip Code <b>33407</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P, VP, S, T Tracey Forbes 4717 47th Way West Palm Beach, FL 33407</b>	
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	
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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.					
<b>SIGNATURE: <u>Tracey Forbes</u>, President 2-4-04 856-0641</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					