

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90326 023 ***150.00

DOCUMENT # P03000014674



1. Entity Name
GENERAL CLEANING AND PAINTING, CORP

Principal Place of Business
**5712 LONG IRON DR #226
ORLANDO, FL 32839**

Mailing Address
**5712 LONG IRON DR #226
ORLANDO, FL 32839**

2. Principal Place of Business
**5712 LONG IRON DR
228**

3. Mailing Address
**5712 LONG IRON DR
228**

Suite, Apt. #, etc.
Orlando, FL

Suite, Apt. #, etc.
Orlando, FL

City & State
Orlando, FL

Zip
32839

City & State
Orlando, FL

Zip
32839

04122004 Chg-P CR2E034 (10/03)

4. FEI Number
25-1902829 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONTAXGONZALEZ SERVICE CORP
4142 W.OAKRIDGE RD
ORLANDO, FL 32809**

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **JARAMILLO, MARIA P**
STREET ADDRESS **5712 LONG IRON DR #228**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE **VD** ☐ Delete
NAME **GIRALDO, OSCAR**
STREET ADDRESS **5712 LONG IRON DR #228**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Maria P Jaramillo* **04-12-2004 407-903929x**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #