

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 26 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000030997

1. Entity Name
M & B BUSY BEES CLEANING SERVICES, INC.



Principal Place of Business
1290 MIMOSA CT
MARCO ISLAND, FL 34145

Mailing Address
1290 MIMOSA CT
MARCO ISLAND, FL 34145

2. Principal Place of Business

3. Mailing Address



01272004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEJ Number
04-3748121

Applied For
Not Applicable

City & State

City & State

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

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUSLER, GARY J ESQ
950 N COLLIER BLVD STE 301
MARCO ISLAND, FL 34145

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 NAME ☐ Delete
WELSBY, MICHAEL H
STREET ADDRESS 1290 MIMOSA CT
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE NAME ☐ Delete
WELSBY, BARBARA
STREET ADDRESS 1290 MIMOSA CT
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Michael H. Welsby, Michael H. Welsby, Pres 2/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #