2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Mar 29, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P03000038 SSUNCOAST CLEANING		03-29-2004 90397 012 ***150.00					
Principal Place of Business 16214 3RD STREET EAST REDINGTON BEACH, FL 33708		Mailing Address 16214 3RD STREET EAST REDINGTON BEACH, FL 33708			いりだいいだみ			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022004	Chg-P	CR2E034 (10/03)	
City & State)	City & State			4. FEI Number	068397	7/ Ar	oplied For ot Applicable
Zip	Country	Zip	Zip Country		5. Certificate of	5. Certificate of Status Desired Seattle Sea		
	6. Name and Address of Current	Registered Agent		N	7. Name and	Address of New Re	gistered Agent	
VARGOVA, TERESA 16214 3RD STREET EAST			Name Street Address (P.O. Box Number is Not Acceptable)					
REDINGTO	ON BEACH, FL 33708							
				City			FL Zip Cod	е
	named entity submits this statement for insert from the statement from	or the purpose of changing its	register	ed office or registe	ered agent, or both	i, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E: Registere	ed Agent signature require	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Con			i.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
TITLE	Р	☐ Delete	TITL				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	VARGOVA, TERESA 16214 3RD STREET EAST REDINGTON BEACH, FL 3370	0		ke Eet address				
TITLE		0	CITY	-ST-ZIP				
1	VP	□ Delete	CITY			· ···-	Change	Addition
NAME	VARGA, JAN		-	E			☐ Change	Addition
STREET ADDRESS	VARGA, JAN 16214 3RD STREET EAST	☐ Delete	TITL NAM STRI	E ME EET ADDRESS			☐ Change	Addition
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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: VALSO VO	ugan	TERESA	VARGOVA	03-25-04	727) 391-1816
SIGNATURE AND TYPED OR PR	NT D NAME OF S	SIGNING OFFICER OR DIRECTOR	PRESI	Date Date	Daytime Phone #