


DOCUMENT # P03000036950

1. Entity Name

KULLEN CLEANING INC.



Principal Place of Business

Mailing Address

1094 WHITEHEA CT
MARCO ISLAND FL 34145

1094 WHITEHEART CT.
MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

1094 WHITEHEART CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARCO ISLAND FL

Zip

Country

Zip

Country

4. FEI Number

Applied For

30-0248600

Not Applicable

5. Certificate of Status Desired

CR2E034 (11/03)

MOORE

Additional Fee Required

\$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KULLEN, BILLY JOE
1094 WHITEHEART CT.
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 fee 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

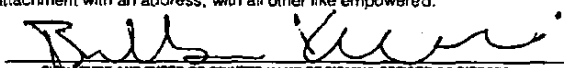
\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	TITLE	
NAME	KULLEN, BILLY JOE	NAME	
STREET ADDRESS	1094 WHITEHEART CT.	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 

4/22/04

Daytime Phone #