2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 10, 2004 8:00 am **Secretary of State DOCUMENT # P03000041917** 03-10-2004 90014 025 ***150.00 1. Entity Name BRIAN BIEBER CLEANING AND MAINTENANCE, INC. Principal Place of Business Mailing Address 203-45TH STREET WEST **54**016526 203-45TH STREET WEST BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 01-0778887 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIEBER, BRIAN D Street Address (P.O. Box Number is Not Acceptable) 203-45TH STREET WEST BRADENTON, FL 34209 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition BIEBER, BRIAN D NAME NAME STREET ADDRESS 203-45TH STREET WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP Delete TITLE THIE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete TITLE Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Detete ☐ Change — ☐ Addition -TITLE NAME STREET ADDRESS STREET ADDRESS 人名德克 医上面性 经货币 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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an address, with all other like empowered.

G OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE;