


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90035 036 ***150.00

DOCUMENT # P03000046860	
1. Entity Name SUNCOAST MOBILE AUTO DETAILING, INC.	

Principal Place of Business 3429 JOE MURELL DR TITUSVILLE, FL 32780	Mailing Address 3429 JOE MURELL DR TITUSVILLE, FL 32780
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2. Principal Place of Business 115 Seminole St. Suite, Apt. #, etc.	3. Mailing Address 115 Seminole St. Suite, Apt. #, etc.
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City & State Titusville FL	City & State Titusville FL	4. FEI Number 58-2668705	Applied For <input type="checkbox"/> Not Applicable
Zip 32780	Country U.S.A.	Zip 32780	Country U.S.A.



04092004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent MILLER, DEBORAH L 3429 JOE MURELL DR TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name Miller, Deborah L. Street Address (P.O. Box Number is Not Acceptable) 115 Seminole St City Titusville FL Zip Code 32780	
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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 Deborah L Miller vs Deborah L Miller DATE 4-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MULLETT, DAVID A 3429 JOE MURELL DR TITUSVILLE, FL 32780 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MILLER, DEBORAH L 3429 JOE MURELL DR TITUSVILLE, FL 32780 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Mullett, David A. 115 Seminole St Titusville FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Miller, Deborah L 115 Seminole St. Titusville FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Deborah L Miller DVS DATE: 4-15-04 DAYTIME PHONE #: 321-269-3623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR