2004 FOR PROFIT CORPORATION

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

ANNUAL REPORT					Secretary of State			
DOCUMENT # P03000056925							90083 016 ***1	
1. Entity Name KIM'S SHO'NUFF CLEANING SERVICE, INC.								
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Principal Place of Business Mailing Address			<u></u>	🧸 อสุบบคอชอ				
976 NW 58TH CT OCALA, FL 34481		976 NW 58TH CT Ocala, Fl. 34481		•				
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212004 Chg-P CR2E034 (10/03)				
City & State		City & State			4. FEI Numbe	0023/2	,	Applied For Not Applicable
Zip Country		Zip	Countr	у	1	of Status Desired	□ \$8.75	Additional
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	Fee Req Registered Agent	uired
JONES, KIMBLE				Name				
976 NW 58			Street Address (P.O. Box Number is Not Acceptable)					
OCALA, FL 34481			. }					
				City	** *	- 1 1 - Y 5 mm march v.	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.								
at sets								
SIGNATURE								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.								
10,	OFFICERS AND		11.		ADDITIONS	CHANGES TO DE	FICERS AND DIRECT	ORS IN 11
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indicated	certify that the information supplied with I on this report or supplemental report i	unis filing does not quality for t s true and accurate and that my	ine exem y signatu	iption stated in ire shall have th	section 119.07(3)(te same legal effec	i), Florida Statutes. It as if made under	. I further certify that to oath; that I am an off	he intormation licer or director

12... 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 the corporation of 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

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-28-04

(352) 4/01-9/3/