

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90332 004 ***150.00

DOCUMENT # P03000059489

1. Entity Name

TITO FRANK CLEANING SERVICES CORPORATION



Principal Place of Business

7227 7TH AVE N
ST PETERSBURG FL 33710

Mailing Address

7227 7TH AVE N
ST PETERSBURG FL 33710

2. Principal Place of Business

6041 72nd A.

3. Mailing Address

6041 72nd A.

Suite, Apt. #, etc.

A.

Suite, Apt. #, etc.

A.

City & State
Pinellas Park FL.

City & State
Pinellas Park FL.

Zip
33781

Country
Pinellas

Zip
33781

Country
Pinellas



MOORE

CR2E034 (11/03)

4. FEI Number
541172678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APOSTOL, ESMERALDO N
7227 7TH AVE N
ST PETERSBURG FL 33710

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

E-sm-a.

Signature, typed or printed name of registered agent and title 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
NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

D
APOSTOL, ESMERALDO M
7227 7TH AVE N
ST PETERSBURG FL 33710

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

TITLE
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CITY- ST- ZIP
Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change 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:

E-sm-a.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-04

Date

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