

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2004 8:00 am
Secretary of State

04-29-2004 90290 029 ***150.00

66424123



DOCUMENT # P03000060645 1. Entity Name CLEANING CONCEPTS OF NORTH FLORIDA INC.					
Principal Place of Business P.O. BOX 1817 BELLEVIEW, FL 34421			Mailing Address P.O. BOX 1817 BELLEVIEW, FL 34421		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 83-0364669	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LYNN, JAMES J. 2541 SW 87 PL OCALA, FL 34476				7. Name and Address of New Registered Agent Name N/A 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 <i>James J. Lynn</i> Signature, typed or printed name of registered agent and title if applicable.		JAMES J. LYNN (NOTE: Registered Agent signature required when re-instating)		4-26-04 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	DP LYNN, JAMES J. P.O. BOX 1817 BELLEVIEW, FL 34421		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <i>James J. Lynn</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JAMES J. LYNN		4/26/04 Date	
				352-427-5656 Daytime Phone #	