


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90201 021 ***150.00

DOCUMENT # P03000061400		
1. Entity Name BAY SHORES COMMERCIAL CLEANING, INC.		

Principal Place of Business 11139 MARQUETTE STREET SPRING HILL, FL 34609	Mailing Address 11139 MARQUETTE STREET SPRING HILL, FL 34609
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24068580



2. Principal Place of Business 13733 RUDI LOOP	3. Mailing Address 13733 RUDI LOOP
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04132004 Chg-P CR2E034 (10/03)

City & State SPRING HILL,	City & State SPRING HILL, FL
Zip 34609	Country
Country	Zip 34609
Country	Country

4. FEI Number 20-0047631	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NESSLER, PAUL H JR. 10002 CORTEZ BOULEVARD SPRING HILL, FL 34613	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D/P
STREET ADDRESS		STREET ADDRESS	FAY, TOMMY M.
CITY-ST-ZIP		CITY-ST-ZIP	13733 RUDI LOOP
			SPRING HILL, FL 34609
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D/VP/S/T
STREET ADDRESS		STREET ADDRESS	FAY, PAMELA S.
CITY-ST-ZIP		CITY-ST-ZIP	13733 RUDI LOOP
			SPRING HILL, FL 34609
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *x Pamela S. Fay* - PAMELA S. FAY *x 4/28/2004* 352.688-8853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

vice president