


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90310 048 ***150.00

DOCUMENT # P03000065896	
1. Entity Name HITES, JAMES DARRELL WINDOW CLEANING, INC.	

Principal Place of Business 902 SECOND AVENUE NORTH JACKSONVILLE BEACH FL 32250	Mailing Address 902 SECOND AVENUE NORTH JACKSONVILLE BEACH FL 32250
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2. Principal Place of Business 13679 Atlantic blvd.	3. Mailing Address P.O. Box 51267
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jax, FL	City & State Jax beach, FL
Zip 32225	Zip 32240
Country Duval	Country Duval



MOORE CR2E034 (11/03)

4. FEI Number 57-1173006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, JEFF 902 SECOND AVENUE NORTH JACKSONVILLE BEACH FL 32250	7. Name and Address of New Registered Agent Name Jesse Dent Street Address (P.O. Box Number is Not Acceptable) 13679 Atlantic blvd City Jax, FL Zip Code 32225
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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 *Jesse Dent* DATE 4-06-04

Signature of registered agent 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 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	P DENT, JESSE C/O 902 2ND AVENUE NORTH JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 51267 Jax beach, FL, 32240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIBBS, STEVE 902 2ND AVENUE NORTH JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 51267 Jax beach FL, 32240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'BRIEN, SHAWNA 902 2ND AVENUE NORTH JACKSONVILLE BEACH FL 32250 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Thon Lewis P.O. Box 51267 Jax beach, FL, 32240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: *Jesse Dent* DATE 4-6-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR