

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90125 007 ***150.00

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1. Entity Name
BALTY'S DEEP CLEAN, INC.

Principal Place of Business
**389 WOOD BEACH DR
SANTA ROSA BEACH, FL 32459**

Mailing Address
**P O BOX 2384
SANTA ROSA BEACH, FL 32459**

14019580



2. Principal Place of Business
15 RICKER AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State
SANTA ROSA BEACH, FL

City & State

4. FEI Number
65-1194433

Applied For
Not Applicable

Zip

Country

Zip

Country

32459

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALTAZAR, ALAN
389 WOOD BEACH DR
SANTA ROSA BEACH, FL 32459**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
15 RICKER AVENUE

City

SANTA ROSA BEACH

FL

Zip Code
32459

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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **BALTAZAR, ALAN P**
STREET ADDRESS **389 WOOD BEACH DR**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **DVST** ☐ Delete
NAME **TYUS, TINA**
STREET ADDRESS **389 WOOD BEACH DR**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15 RICKER AVENUE**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15 RICKER AVENUE**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALAN P BALTAZAR 4/20/04