


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90005 016 ***150.00

DOCUMENT # P03000078673 1. Entity Name COMMERCIAL CLEANING CORP.					
Principal Place of Business 100 2 AVE S #1201 ST PETERSBURG, FL 33701			Mailing Address 100 2 AVE S #1201 ST PETERSBURG, FL 33701		
2. Principal Place of Business 5225 62ND ST N #209 Suite, Apt. #, etc. #209		3. Mailing Address 5225 62ND STREET N. Suite, Apt. #, etc. #209			
City & State KENNETH CITY, FLORIDA Zip 33709		City & State KENNETH CITY, FLORIDA Zip 33709		4. FEI Number 43-2030434 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03192004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent VALENTE, ANTHONY P JR ESQ 100 2 AVE S #1201 ST PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name JOAN F. SULLIVAN Street Address (P.O. Box Number is Not Acceptable) 5225 62ND STREET N. #209 City KENNETH CITY, FL. FL Zip Code 33709		
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: <u><i>Joan F. Sullivan</i></u> DATE: <u>3/26/04</u> <small>Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input checked="" type="checkbox"/> Delete HARPER, VICTORIA 100 2 AVE S #1201 ST PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOAN F. SULLIVAN 5225 62ND ST. N #209 KENNETH CITY, FL. 33709	
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	
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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: <u><i>Joan F. Sullivan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JOAN F. SULLIVAN			Date <u>3/26/04</u> Daytime Phone # <u>(813) 209-3132</u>		