


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-08-2004 90039 030 ***150.00

DOCUMENT # P03000081110 1. Entity Name SPICK N' SPAN CLEANING, INC.					
Principal Place of Business 15537 PEBBLE RIDGE ST. WINTER GARDENS FL 34787			Mailing Address 15537 PEBBLE RIDGE ST. WINTER GARDENS FL 34787		
2. Principal Place of Business 7919 MAGNOLIA BEND CT		3. Mailing Address 7919 MAGNOLIA BEND CT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State KISSIMMEE FL		City & State KISSIMMEE FL		4. FEI Number 56-2441745	
Zip 34747		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTINGLY, R 15537 PEBBLE RIDGE ST. WINTER GARDENS FL 34787		7. Name and Address of New Registered Agent Name WILLIAMS, R B Street Address (P.O. Box Number is Not Acceptable) 7919 MAGNOLIA BEND CT City KISSIMMEE FL Zip Code 34747			
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>R B Williams</i></u> DATE 3/31/04 <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 \$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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, R. B 34 CAMPION WAY RUGBY WA CV23 -OUR	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIAMS, K 34 CAMPION WAY RUGBY WA CV23 -OUR	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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>R B Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/31/04 407 902 9806 <small>Date Daytime Phone #</small>		