

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90054 025 ***150.00

DOCUMENT # P03000081338

1. Entity Name

CLEAN WORLD LINEN SERVICES, INCORPORATED



Principal Place of Business

1550 L=KELLEY AVE
KISSIMMEE FL 34744

Mailing Address

1550 L=KELLEY AVE
KISSIMMEE FL 34744

24050776



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0119676

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
SUITE 1114
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Eric Bracken

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

438 Illinois Ave

City

St. Cloud

FL

Zip Code

34769

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

Eric Bracken Eric Bracken

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/04

DATE

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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRACKEN, ERIC	
STREET ADDRESS	1437 MARSEILLE CT #5501	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, Treasurer, D, C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric Bracken	
STREET ADDRESS	438 Illinois Ave	
CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Bracken	
STREET ADDRESS	1908 Maple Rd	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARREN BRACKEN	
STREET ADDRESS	1270 SUSSEX RD	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Robert Scott Glover	
STREET ADDRESS	201 Waterbury Ln	
CITY-ST-ZIP	Indian Harbor Bch, FL 32937	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Glover	
STREET ADDRESS	3280 Lookout Ln	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Bracken	
STREET ADDRESS	438 Illinois Ave	
CITY-ST-ZIP	St. Cloud, FL 34769	

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:

Eric Bracken

Eric Bracken

1/26/04 (321) 443-2414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #