2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082056

7060 SCR 125

MACCLENNY, FL 32063 US

Address:

City-St-Zip:

Entity Names ATT COMMEDICAL OLDANII

FILED Jul 06, 2004 Secretary of State

Entity Name: ATT COMMERCIAL CLEANING, INC. **Current Principal Place of Business: New Principal Place of Business:** 11411 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225 **Current Mailing Address: New Mailing Address:** 11411 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225 US FEI Number: 20-0299476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete () Change () Addition TORRANCE, BRETT Name: Name: 11411 KINGSLEY MANOR WAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 US City-St-Zip: Title: **VPRE** () Delete Title: () Change () Addition Name: ALEXANDER, ERIC R Name: 3390 SHAUNA OAKS DRIVE Address: Address: JACKSONVILLE, FL 32277 US City-St-Zip: City-St-Zip: Title: Title: SECR () Delete () Change () Addition TAYLOR, MARK Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BRETT TORRANCE PRES 07/06/2004