

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90038 012 ***150.00

DOCUMENT # P03000089592

1. Entity Name

COASTAL CLEANING SERVICES OF LEE, INC.



Principal Place of Business

PO BOX 152297
CAPE CORAL, FL 33915

Mailing Address

PO BOX 152297
CAPE CORAL, FL 33915

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232004

Chg-P

CR2E034 (10/03)

4. FEI Number

36-4537056

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, DAMON
222 NE 9TH AVENUE
CAPE CORAL, FL 22909

Name

Damon MILLER

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

1004 SW 37 TERR

CAPE CORAL

City

FL

Zip Code

33914

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

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MILLER, DAMON
STREET ADDRESS 222 NE 9TH AVE.
CITY-ST-ZIP CAPE CORAL, FL 33909 ☐ Delete

TITLE VP
NAME ALVARADO, ANDREW
STREET ADDRESS 105 NE 18TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-23-04

239-542-8988