2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P03000093232

Entity Name: N. IVERSON CLEANING, INC.

Current Principal Place of Business:

449 VERONA STREET
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

160 PALMETTO CIRCLE
PORT CHARLOTTE, FL 33952

Current Mailing Address:

449 VERONA STREET
PORT CHARLOTTE, FL 33948

New Mailing Address:

160 PALMETTO CIRCLE
PORT CHARLOTTE, FL 33952

FEI Number: 20-0167249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IVERSON, NETHAL D
449 VERONA STREET
PORT CHARLOTTE, FL 33948

Name and Address of New Registered Agent:

IVERSON, NETHEL D
160 PALMETTO CIRCLE
PORT CHARLOTTE, FL 33952

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: NETHEL D IVERSON 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: IVERSON, NETHAL D
Address: 449 VERONA STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: IVERSON, NETHEL D
Address: 160 PALMETTO CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPT ( ) Change (X) Addition
Name: JAWORSKI, SHIRLEY D
Address: 449 VERONA ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S ( ) Change (X) Addition
Name: GERDON, ROBERT E
Address: 160 PALMETTO CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S ( ) Change (X) Addition
Name: BISHOP, SARA M
Address: 160 PALMETTO CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33952

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.

SIGNATURE: NETHEL D IVERSON PD 04/29/2004
Electronic Signature of Signing Officer or Director Date