


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90017 029 ***150.00

DOCUMENT # P03000093628
 1. Entity Name
PRECE CLEAN, INC.



Principal Place of Business
**2550 WINDHAM CT
 DELRAY BEACH FL 33445**

Mailing Address
**2550 WINDHAM CT
 DELRAY BEACH FL 33445**

34010066

2. Principal Place of Business
5011 N. OCEAN BLVD
 Suite, Apt. #, etc.

3. Mailing Address
5011 N. OCEAN BLVD
 Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State
OCEAN RIDGE FL

City & State
OCEAN RIDGE FL

Zip
33435 Country **USA**

Zip
33435 Country **USA**

4. FEI Number
20-0196139

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SHIELD, AMY D ESQ
 20245 BACK NINE DR
 BOCA RATON FL 33498**

7. Name and Address of New Registered Agent
 Name **Rose Prece**
 Street Address (P.O. Box Number is Not Acceptable)
5011 N. OCEAN BLVD.
 City **Ocean Ridge** FL Zip Code **33435**

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 *Rose C. Prece* *Rose C. Prece* *3/9/04*
 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
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 NAME STREET ADDRESS CITY-ST-ZIP	P PRECE, ROSE 2550 WINDHAM CT DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRECE, JOHN J JR 2550 WINDHAM CT DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRECE, JOHN J SR 2550 WINDHAM CT DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRECE, ANNE 2550 WINDHAM CT DELRAY BEACH FL 33445	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rose C. Prece* *Rose C. Prece* *3/9/04* *561-265-3534*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #