


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90035 029 \*\*\*150.00

<b>DOCUMENT # P03000100570</b>	
1. Entity Name <b>KELLY'S KLEANING, INC.</b>	

Principal Place of Business <b>1908 HELMS AVE LEESBURG, FL 34748</b>	Mailing Address <b>1908 HELMS AVE LEESBURG, FL 34748</b>
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**94058322**

2. Principal Place of Business <b>35440 Lake Unity</b> Suite, Apt. #, etc.	3. Mailing Address <b>35440 Lake Unity</b> Suite, Apt. #, etc.
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04152004 Chg-P CR2E034 (10/03)

City & State <b>Fruitland Park, FL</b>	City & State <b>Fruitland Park, FL</b>
Zip <b>34731</b>	Country <b>LAKE</b>

4. FEI Number <b>86-1081503</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>HOLLAND, KELLY 1908 HELMS AVE LEESBURG, FL 34748</b>	
7. Name and Address of New Registered Agent Name <b>Kelly Holland</b> Street Address (P.O. Box Number is Not Acceptable) <b>35440 Lake Unity Rd.</b> City <b>Fruitland Park FL</b> Zip Code <b>34731</b>	

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 <b>Kelly Holland</b> DATE <b>4-19-04</b>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HOLLAND, KELLY 1908 HELMS AVE LEESBURG, FL 34748 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Kelly Holland</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <b>4-19-04</b> DATE DAYTIME PHONE: <b>636-4103</b> DAYTIME PHONE #