

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90558 042 ***150.00

DOCUMENT # P03000104950	
1. Entity Name MEL'S CLEANING SERVICE, INCORPORATED	

Principal Place of Business 2841 VERMONT AVENUE EATON PARK, FL 33840	Mailing Address P.O. BOX 2474 EATON PARK, FL 33840
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2. Principal Place of Business 2841 Vermont Ave. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2474 Suite, Apt. #, etc.
City & State Eaton Park, Florida	City & State Eaton Park, Florida
Zip 33840	Country USA



01122004 Chg-P CR2E034 (10/03)

4. FEI Number 52-2413838	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROCK, MELINDA 2841 VERMONT AVENUE EATON PARK, FL 33840	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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: Melinda Brock DATE: 4/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROCK, MELINDA 2841 VERMONT AVENUE EATON PARK, FL 33840 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Melinda Brock 4/20/04 863-666-8913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #