

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90031 005 \*\*\*158.75

**DOCUMENT # P03000110804**

1. Entity Name

**MAID 4 EVERYONE, INC.**



Principal Place of Business

**194 BEACH AVE  
APT. B  
ATLANTIC BEACH FL 32233**

Mailing Address

**194 BEACH AVE  
APT. B  
ATLANTIC BEACH FL 32233**

**94029040**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

**136 MARSH ISLAND CIR.**

Suite, Apt. #, etc.

**ST. AUGUSTINE, FL**

City & State

**32095**

Zip

Country

**USA**

3. Mailing Address

**P.O. Box 51022**

Suite, Apt. #, etc.

**JACKSONVILLE BEACH, FL.**

City & State

**32240**

Zip

Country

**USA**

4. FEI Number

**27-0069312**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JENKINS, WENDY D  
194 BEACH AVE.  
APT B  
ATLANTIC BEACH FL 32233**

7. Name and Address of New Registered Agent

Name  
**JENKINS, WENDY D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**136 MARSH ISLAND CIR.**  
**ST. AUGUSTINE, FL.**  
City  
**FL** Zip Code  
**32095**

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 *Wendy D. Jenkins*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/9/04**

**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  
**PRES**  
NAME  
**JENKINS, WENDY D**  
STREET ADDRESS  
**194 BEACH AVE. APT. B**  
CITY-ST-ZIP  
**ATLANTIC BEACH FL 32233**

☐ Delete

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NAME  
STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PRESIDENT**  
NAME  
**JENKINS, WENDY D.**  
STREET ADDRESS  
**136 MARSH ISLAND CIR.**  
CITY-ST-ZIP  
**ST. AUGUSTINE, FL. 32095**

☒ 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:**

*Wendy D. Jenkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #