

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000116672

1. Entity Name  
IMMACULATE CLEANING AND MAINTENANCE  
SERVICES, INC.



FILED

04 MAY 10 PM 6:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3980 NW 46TH WAY  
LAUDERDALE LAKES, FL 33319

Mailing Address  
3980 NW 46TH WAY  
LAUDERDALE LAKES, FL 33319



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004

Chg-P

CR2E034 (10/03)

04

14. FEI Number

55-0847116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DUDLEY, RENÉE TTE  
1500 NW 15TH TERR  
FORT LAUDERDALE, FL 33311

## 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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete  
NAME GREEN, MARGORIR  
STREET ADDRESS 3980 NW 46TH WAY  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE D ☐ Delete  
NAME GREEN, MARVIN CLERK  
STREET ADDRESS 3980 NW 46TH WAY  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE S ☐ Delete  
NAME GRAHAM, NICHOLA  
STREET ADDRESS 3980 NW 46TH WAY  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100037004311  
05/21/04--01091--008 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]* SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/04

Date

Daytime Phone #