


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90039 002 \*\*\*150.00

<b>DOCUMENT # P03000117024</b>		
1. Entity Name MR. MILDEW REMOVER, INC.		

Principal Place of Business 804 N. LONGWOOD CIR. PANAMA CITY, FL 32405 US	Mailing Address 804 N. LONGWOOD CIR. PANAMA CITY, FL 32405 US
---	---

**54003196**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>20-0481551</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
TOOLEY, EVELYN M 205 W 7TH ST PANAMA CITY, FL 32401	

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

2. <b>FILE NOW!!! FEE IS \$150.00</b> <b>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>
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOLEY, WILLIAM L JR	NAME	
STREET ADDRESS	804 N LONGWOOD CIR	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOLEY, WILLIAM L JR	NAME	
STREET ADDRESS	804 N LONGWOOD CIR	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOLEY, WILLIAM L JR	NAME	
STREET ADDRESS	804 N LONGWOOD CIR	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOLEY, WILLIAM L JR	NAME	
STREET ADDRESS	804 N LONGWOOD CIR	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>William L. Tooley Jr.</i>	Date: <i>9 JAN 04</i> Daytime Phone #: <i>850 866-1017</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	