


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90004 021 ***150.00

DOCUMENT # P03000120941			
1. Entity Name RISE & SHINE CLEANING SERVICES, INC.			
Principal Place of Business 1241 JASMINE LAKE DRIVE TARPON SPRINGS, FL 34689		Mailing Address P.O. BOX 60524 ST PETERSBURG, FL 33784	
2. Principal Place of Business		3. Mailing Address <i>1241 Jasmine Lake Drive</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Tarpon Springs Florida</i>	
Zip	Country	Zip <i>34689</i>	Country
4. FEI Number <i>20-0323690</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENNEY, KRISTINE L 1241 JASMINE LAKE DRIVE TARPON SPRINGS, FL 34689		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 <i>Kristine Jenney</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>6/14/04</i>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENNEY, KRISTINE L 1241 JASMINE LAKE DRIVE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Kristine Jenney</i>		Date: <i>6/14/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

I NEVER RECEIVED this because you had the wrong mailing address. so I am sending with a payment of \$150.00