


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 Suite, Apt. #, etc.		3. Mailing Address 1241 Jasmine Lake Drive Suite, Apt. #, etc.																																	
City & State TARPON SPRINGS FLORIDA		4. FEI Number 20-0323690																																	
Zip 34689		Country FL																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																																	
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 <u><i>Kristine Jenney</i></u> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE <u>6/14/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																	
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P JENNEY, KRISTINE L 1241 JASMINE LAKE DRIVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENNEY, KRISTINE L 1241 JASMINE LAKE DRIVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>I NEVER RECEIVED this because you had the wrong mailing address. so I am sending with A payment of \$150.00</p> </div>																																			
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: <u><i>Kristine Jenney</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>6/14/04</u> <small>Date</small>																																	