

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90279 036 \*\*\*158.75

DOCUMENT # P03000128661

1. Entity Name  
SIMONS CLEANING, INC.



Principal Place of Business  
POST OFFICE BOX 741544  
ORANGE CITY, FL 32774

Mailing Address  
POST OFFICE BOX 741544  
ORANGE CITY, FL 32774

94076965



2. Principal Place of Business  
1157 GLENWOOD TR.  
Suite, Apt. #, etc.

3. Mailing Address  
1157 GLENWOOD TR  
Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State  
DELAND, FL

City & State  
DELAND, FL

4. FEI Number  
33-1075964

Applied For  
Not Applicable

Zip Country  
32720 VOLUSIA

Zip Country  
32720 VOLUSIA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

YARBROUGH, KATRINA  
325 NORTH HILL AVENUE  
DELAND, FL 32724

## 7. Name and Address of New Registered Agent

Name  
YARBROUGH, KATRINA  
Street Address (P.O. Box Number is Not Acceptable)  
1157 GLENWOOD TR.  
City DELAND FL Zip Code 32720

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 NAME STREET ADDRESS CITY-ST-ZIP	D YARBROUGH, KATRINA 325 NORTH HILL AVENUE DELAND, FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILLY BLANTON 1157 GLENWOOD TR. DELAND, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Katrina Yarbrough

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

386-747-0462

Daytime Phone \*