


FILED
Apr 13, 2004 8:00 am
Secretary of State

04-01-2004 90016 038 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000139346					
1. Entity Name SANDRA WEBB CLEANING, INC.					
Principal Place of Business 692 MAPLETON STREET FT. WHITE, FL 32038			Mailing Address P.O. BOX 2023 HIGH SPRINGS, FL 32655		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 73-1686791	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNCAN A. JONES, ATTORNEY AT LAW 2010 SOUTH MAIN STREET HIGH SPRINGS, FL 32643			7. Name and Address of New Registered Agent Name SANDRA J. WEBB Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 2023 - 692 MAPLETON ST. City HIGH SPRINGS FT. WHITE FL Zip Code 32655 32038		
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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEBB, SANDRA J	NAME			
STREET ADDRESS	P.O. BOX 2023	STREET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS, FL 32655	CITY-ST-ZIP			
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEBB, SANDRA J	NAME			
STREET ADDRESS	P.O. 2023	STREET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS, FL 32655	CITY-ST-ZIP			
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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 line employees.					
SIGNATURE: <i>Sandra Webb</i>		Date: <i>3/29/04</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			

66411267



03292004 Chg-P CR2E034 (10/03)

Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name SANDRA J. WEBB
 Street Address (P.O. Box Number is Not Acceptable)
 P.O. BOX 2023 - 692 MAPLETON ST.
 City HIGH SPRINGS FT. WHITE FL Zip Code 32655 32038

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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CITY-ST-ZIP	HIGH SPRINGS, FL 32655	CITY-ST-ZIP	
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SIGNATURE: *Sandra Webb* Date: *3/29/04*