

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142536

Entity Name: A C KLEEN SERVICES, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

6473 LONG BREEZE RD
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 680507
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 20-0913306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOR, CECELIA A
6473 LONG BREEZE RD
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARK, CHONTAY A
Address: 6473 LONG BREEZE RD
City-St-Zip: ORLANDO, FL 32810 US

Title: VP () Delete
Name: CONNOR, CECELIA A
Address: 6473 LONG BREEZE RD
City-St-Zip: ORLANDO, FL 32810 US

Title: OFFI () Delete
Name: CONNOR, GERALD L
Address: 6473 LONG BREEZE RD
City-St-Zip: ORLANDO, FL 32810 US

Title: OFFI () Delete
Name: CONNOR, LLOYD H
Address: 4573 NORTH LANE
City-St-Zip: ORLANDO, FL 32808 US

Title: OFFI () Delete
Name: CONNOR, DARLENE S
Address: 4573 NORTH LANE
City-St-Zip: ORLANDO, FL 32808 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OFF () Change (X) Addition
Name: CONNOR, JASMINE A
Address: 6473 LONG BREEZE RD
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECELIA A CONNOR

VP

04/27/2004

Electronic Signature of Signing Officer or Director

Date