## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2004 8:00 am Secretary of State

Principal Place of Business   Mailling Address   767 BALLARD DR   767 BALLARD DR   MELBOURNE, FL 32925	DOCUMENT # P03000143379  1. Entity Name CATHERINE BARTH CLEANING SERVICE, INC.						04-12-200	04 90304 018 ***	150.00	
MELBOURNE, FL 32925  MELBOURNE, FL 32925  ALE Principal Place of Business  3. Melling Address  Suite. Apt. #. etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Size Address of Status Desired  6. Name and Address of Current Registered Agent  Name  BARTH, CATHERINE  767 BALLARD DR  MELBOURNE, FL 32925  MELBOURNE, FL 32925  Sireat Address (P.O. Box Number is Not Acceptable)  FL Zip Code  City  City  FL Zip Code  City  FL Zip Code  City  City  FL Zip Code  C	Principal Place	e of Business	Mailing Address			7	0.4.0.4.0	400		
2. Principal Place of Business   3. Melling Address   Suite, Apl. #, etc.   03162004   ChgP   CR2E034 (10/03)    City & State   City & City & State   City & City & State   City & City						,	94049	432		
Suite April #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Dosired  S. Name and Address of Current Registered Agent  For Required  S. Name and Address of Now Registered Agent  T. Name and Address of Now Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Signature, uped to printed name of registered agent and their spotcate.  Note: Registered Agent agent are remarked on their emission of registered agent, or both, in the State of Florica. I am farmillar with, and accept the obligations of registered agent, uped to printed name of registered agent agent are remarked.  Signature, uped to printed name of registered agent agent are remarked.  Signature, uped to printed name of registered agent agent are remarked.  Signature, uped to printed name of registered agent agent are remarked.  Signature, uped to printed name of registered agent agent are remarked.  Signature, uped to printed name of registered agent agent are remarked.  Signature, uped to printed name of registered agent agent are remarked.  Signature, uped to printed name of registered agent agent are remarked.  Signature, uped to printed name of registered agent agent are remarked.  Signature, uped to printed name of registered agent agent are remarked.  Signature, uped to printed name of registered agent agent are remarked.  Signature, uped to printed name of registered agent agent and the remarked.  Signature view agent agent agent and the remarked.  Signature, uped to printed name of registered Agent agent and agent agent and agent agent agent and agent agent and agent age	MELBOURNE, TE 32925		WILLBOOKNE, I'L 32323		(	#####        @#    ##    @#	EI WEII GIÂNA #188 11111 INSIE 16	1188:		
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Security	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162004	Chg-P	CR2E034 (10/03)			
Second Country   Seco	City & State		City & State		4. FF! Number	"-5P-6	// / / 1~ <del>                                     </del>			
S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of Now Registered Agent  7. Name and Address of Now 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 Florica. I am lamiliar with, and accept the obligations or registered agent.  SIGNATURE  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  DEBET  MAME  STREET ADDRESS  CITY-ST-2IP  TITLE  Delete  TIT	Zio Country		Zip Country		lrv	179-	0127	¢9.75		
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8. The above named entity submits this statement for the purpose of changing its 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 like if applicable. (NOTE: Registered agent when reinstalling)  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DARTH, CATHERINE 767 BALLARD DR  MELBOURNE, FL 32925  ITTLE  MELBOURNE, FL 32925  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete TITLE  Delete TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-Z					Street Address (P.O. Box Number is Not Acceptable)					
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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	ļ	cestify that the information supplied w	vith this filing does not qualify f			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04

321-863-7109

Date

Daytime Prione #