## **2004 FOR PROFIT CORPORATION**

## Jan 20, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000145855 1. Entity Name 01-20-2004 90040 013 \*\*\*150.00 BRENDA BURKHEAD CONSTRUCTION CLEANING, INC. Principal Place of Business Mailing Address 1077 LAKEVIEW DR. 1077 LAKEVIEW DR. DELAND, FL 32720 DELAND, FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 Chg-P CR2E034 (10/03) Applied For City & State City & State FEI Number 62-1211581 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURKHEAD, BRENDA Street Address (P.O. Box Number is Not Acceptable) 1077 LAKEVIEW DR. DELAND, FL 32720 Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. -i., 🔲 After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P,DTITLE . IPL. Addition TITLE ☐ Delete ☐ Change Brenda Burkhead 1077 Lakeview Drive DeLand, FL 32720 NAME NAME U. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VP.T.D Betty Sanders Oriva TÍTLE " TITLE ☐ Delete ☐ Change X Addition NAME NAME 1077 Lakeview Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DeLand, FL 32720 VP.D ☐ Delete TITLE Change Addition Dorothy Parker NAME NAME 1077 Lakeview Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DeLand, FL 32720 ☐ Delete TITI £ Change TITI F Addition Michelle Loveless 1077 Lakeview Drive NAME NAME STREET ADDRESS STREET ADDRESS DeLand, FL 32720 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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.

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Brenda Burkhead, P,D

386 804-5900

Change

☐ Addition

**FILED**