


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-15-2004 90032 004 ***150.00

DOCUMENT # P03000150272	
1. Entity Name MOSSHOLDER'S CLEANING SERVICE INC.	

Principal Place of Business 1410 W. SHELLPOINT ROAD RUSKIN FL 33570	Mailing Address 1410 W. SHELLPOINT ROAD RUSKIN FL 33570
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66417033



MOORE CR2E034 (11/03)

2. Principal Place of Business 13446 Beechberry Dr. Suite, Apt. #, etc.	3. Mailing Address 13446 Beechberry Dr. Suite, Apt. #, etc.
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City & State Riverview FL	City & State Riverview FL
Zip 33569	Zip 33569
Country Hills	Country Hills

4. FEI Number 20-0433494	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIFFIN, SANDRA 1006 CORNWALL COURT BRANDON FL 33510
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7. Name and Address of New 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 Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE DP	<input type="checkbox"/> Delete
NAME MOSSHOLDER, CAROL	
STREET ADDRESS 1410 W. SHELLPOINT ROAD	
CITY-ST-ZIP RUSKIN FL 33570	
TITLE DV	<input type="checkbox"/> Delete
NAME MOSSHOLDER, HARVEY	
STREET ADDRESS 1410 W. SHELLPOINT ROAD	
CITY-ST-ZIP RUSKIN FL 33570	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE: Carol Mossholder **4-13-04** **7do-3396**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #