

2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED

04 NOV -9 AM 11:23

SECRETARY OF STATE #
TALLAHASSEE, FLORIDA 15000

08/19/04 90055 014



REINSTATEMENT 09102004 Chg P CR2E034 (10/03)

DOCUMENT # P03000150846

1. Entity Name
LET ME DO YOUR "DIRTY WORK" INC.

Principal Place of Business
P O BOX 423
GIBSONTON, FL 33534 US

Mailing Address
P O BOX 423
GIBSONTON, FL 33534 US

2. Principal Place of Business
11005 Rodeo Ln
Suite, Apt. #, etc.

3. Mailing Address
PO Box 423
Suite, Apt. #, etc.

City & State
Riverview FL 33569

City & State
Gibsonton FL 33534

Zip
33569

Country
USA

Zip
33534

Country
USA

6. Name and Address of Current Registered Agent
RIVERVIEW FINANCIAL & ACCTG INC
7035 US HWY 301 S
RIVERVIEW, FL 33569

none existing

7. Name and Address of New Registered Agent
Name: Regina Terminello
Street Address (P.O. Box Number is Not Acceptable): 11005 Rodeo Lane
City: Riverview, FL Zip Code: 33569

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: Regina Terminello
Signature (Typed or printed name of registered agent and title if applicable.) (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERMINELLO, REGINA P O BOX 423 GIBSONTON, FL 33534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLLE, ALLAN P O BOX 423 GIBSONTON, FL 33534 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST CIN, ELIZABETH P O BOX 423 GIBSONTON, FL 33534 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Regina Terminello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

9/27/04 (813) 41-9116