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Secretary of State
02-26-2004 90019 029 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000000721

1. Entity Name
GLORIA BRUCE CLEANING SERVICES INC.

Principal Place of Business	Mailing Address
12523 POLONIOUS PKWY. PENSACOLA, FL 32506	12523 POLONIOUS PKWY. PENSACOLA, FL 32506

66406887

02052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12523 Polonious Pkwy	12523 Polonious Pkwy
Suite, Apt. #, etc. Pensac	Suite, Apt. #, etc.
City & State Pensacola FL	City & State Pensacola Florida
Zip 32506 Country USA	Zip 32506 Country USA

4. FEI Number 58-2679498 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUCE, GLORIA
12523 POLONIOUS PKWY.
PENSACOLA, FL 32506

7. Name and Address of New Registered Agent

Name: Bruce, Gloria
Street Address (P.O. Box Number is Not Acceptable): 12523 Polonious Pkwy
City: Pensacola FL Zip Code 32506

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 Gloria Bruce [signature] 2-23-04
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
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	BRUCE, GLORIA D	
STREET ADDRESS	12523 POLONIOUS PKWY.	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	VD	☐ Delete
NAME	BRUCE, ROBERT T	
STREET ADDRESS	12523 POLONIOUS PKWY.	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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.