

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90259 008 \*\*\*150.00

**DOCUMENT # P04000001300**

1. Entity Name

TRI-PALM COMMERCIAL CLEANING, INC.



Principal Place of Business

2205 MALIBU LAKES CIRCLE #1018  
NAPLES FL 34119

Mailing Address

2205 MALIBU LAKES CIRCLE #1018  
NAPLES FL 34119

2. Principal Place of Business

2194 GROVE DR.  
Suite, Apt. #, etc.

3. Mailing Address

2194  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

NAPLES FL.

City & State

NAPLES FL

4. FEI Number

56-2421320

Applied For

Not Applicable

Zip

34120

Country

COLLIER

Zip

34120

Country

COLLIER

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELMORE, EDWARD L

~~2205 MALIBU LAKES CIRCLE #1018~~  
~~NAPLES FL 34119~~

2194 GROVE DR.  
NAPLES FL 34120

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

*Edward L. Elmore*

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME ELMORE, EDWARD L  
STREET ADDRESS 2205 MALIBU LAKES CIRCLE #1018  
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2194 GROVE DR.  
CITY-ST-ZIP NAPLES FL 34120

TITLE ☐ Delete  
NAME ELMORE, TERESA J  
STREET ADDRESS 2205 MALIBU LAKES CIRCLE #1018  
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2194 GROVE DR.  
CITY-ST-ZIP NAPLES FL 34120

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-04 239-592-1650