2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000039954 1. Entity Name								Feb 16, 2004 08:00 AM Secretary of State				
BENNETT'S PROFESSIONAL WINDOW CLEANING CO. INC.												
Principal Plac	e of Busines	S	Mailin	g Address			7					
3504 38TH AVE W BRADENTON FL 34205 US				3504 38TH AVE W BRADENTON FL 34205 US				: 2世間20回面 55年 5番55 新聞日 南 田115 田田115 田	WSCE WWSWW CCCW C	WITH EWITH WISSE MACH	***************************************	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt #, etc			Suite	Suite, Apt. #, etc.				MOORE (CR2E034	(11/03)		
City & State			City	City & State			4. F	65-0493946		Ş	plied For r Applicable	
Z _i p	Zip Country		Zip	<u></u>		try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Cur	rent Registere	ed Agent		Name	7. N	ame and Address of New Re	gistered A	gent		
BENNETT, FREDDIE J						Street Address (P.O. Box Number is Not Acceptable)						
3504 38TH AVENUE W BRADENTON FL 34205									· 			
						City			FL	Zip Code)	
	named entit		ent for the purp	ose of changing it	s register	ed office or registr	ered age	ent, or both, in the State of Flor	rida. I am t	amiliar with,	and accept	
		ioree age, ii.										
SIGNATURE .	Signature typed	or printed name of registered	agent and five if app	NO"	TE Registere	t Agent signature recour	ad when rei	nstating)	DATE			
Afte	r May 1, 20	I! FEE IS \$150.00 04 Fee will be \$550 o Florida Departme	1.00					Election Campaign Final Trust Fund Contribution			O May Be to Fees	
10. OFFICERS AND E							ADI	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	INTI	
TITLE	PD			☐ Delete				☐ Change		☐ Change	Addition	
NAME STREET ADDRESS	AME BENNETT, FRED TREET ADDRESS 3504 38TH AVE					NAME STREET ADDRESS						
CITY - ST- ZIP	BRADENTON FL					- ST - ZIP						
TITLE	STD			☐ Delete				000000053	U45	Change	Addition	
NAME STREET ADDRESS	BENNETT, LINDA S. 3504 38TH AVE W					WE BEET ADDRESS		02/16/04-801	16-010	158.75	t	
CITY-ST-ZIP	BRADENTON FL				-ST-ZIP							
TITLE				☐ Delete	1811					☐ Change	Addition	
NAME					NAM							
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NAME					NAM	E.						
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NAME					NAM	ş						
STREET ADDRESS CITY - ST - ZIP						ET ADDRESS - ST-ZIP						
12. I hereby a indicated of the cor	certify that the fon this report poration or the room an att	e information supplied it or supplemental reg ne receiver or trustee achment with an addr	d with this filing nort is true and empowered to ess, with all off	does not qualify to accurate and that execute this repor ner like empowered	or the exe my signa t as requi		Section to e same to 07, Floric	19.07(3)(i), Florida Statutes. I egal effect as if made under o da Statules, and that my name	further cert ath, that I a appears in	ify that the in m an officer Block 10 or	formation or director Block [1 if	

FILED

SIGNATURE: Linda Signature and Typed on Printed Name of S