

Tuesday, April 13, 2004 2:42 PM

p.02

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000044844 1. Entity Name PRESTIGE CLEANING, INC.	
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Principal Place of Business 5503 HWY 98 S HIGHLAND CITY, FL 33813 US	Mailing Address 6354 CREWS LAKE ROAD LAKELAND, FL 33813-3921 US
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04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3250959	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUELLER, KARL P
6354 CREWS LAKE ROAD
LAKELAND, FL 33813-3921**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEDBETTER, JAMES L 8354 CREWS LAKE ROAD LAKELAND, FL 338133921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUELLER, KARL P 6354 CREWS LAKE ROAD LAKELAND, FL 338133921
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04/20/04-80061-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #

KARL P. MUELLER 4-13-04 843-646-8592