

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90214 006 ***150.00

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1. Entity Name
JULIA HILL CUSTOM WINDOW
TREATMENTS/SONICLEAN, INC.

Principal Place of Business
113 PINEAPPLE COURT
LONGWOOD, FL 32750 US

Mailing Address
113 PINEAPPLE COURT
LONGWOOD, FL 32750 US

44044395



2. Principal Place of Business
430 West Lakeview Ave
Suite, Apt. #, etc.

3. Mailing Address
430 West Lakeview Ave
Suite, Apt. #, etc.

04132004 Chg-P CR2E034 (10/03)

City & State
Lake Mary FL
Zip
32746 Country
US

City & State
Lake Mary FL
Zip
32746 Country
US

4. FEI Number
59-3257132
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, FRANK R
113 PINEAPPLE COURT
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name
Hill, Frank R
Street Address (P.O. Box Number is Not Acceptable)
430 West Lakeview Ave
City
Lake Mary FL Zip Code
32746

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 Frank Hill DATE 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
VP
HILL, FRANK R
113 PINEAPPLE COURT
LONGWOOD, FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HILL, JULIA
113 PINEAPPLE COURT
LONGWOOD, FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
430 West Lakeview Ave
Lake Mary FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
430 West Lakeview Ave
Lake Mary FL 32746

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Frank Hill DATE 4/23/04 DAYTIME PHONE # 407-323-7625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR