2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# P94000073967

Entity Name: L & N DEPENDABLE JANITORIAL, INC.

Current Principal Place of Business:

35250 SW 177 CT
#192
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2546
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 65-0533099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSTEN, NORA A
35250 SW 177 CT., #192
FLORIDA CITY, FL 33034

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: DUDLEY, SHAWN
Address: 550 BONITO AVE
City-St-Zip: KEY LARGO, FL 33037

Title: P ( ) Delete
Name: OSTEN, NORA
Address: 35250 SW 177 CT., #192
City-St-Zip: FLORIDA CITY, FL 33034

Title: VP ( ) Delete
Name: OSTEN, BRIAN
Address: 35250 SW 177 CT., #120
City-St-Zip: HOMESTEAD, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: DUDLEY, SHAWN
Address: 550 BONITO AVE
City-St-Zip: KEY LARGO, FL 33037

Title: P/S (X) Change ( ) Addition
Name: OSTEN, NORA
Address: 35250 SW 177 CT., #192
City-St-Zip: FLORIDA CITY, FL 33034

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA OSTEN P/S 01/13/2004

Electronic Signature of Signing Officer or Director Date