

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90084 038 ***150.00

DOCUMENT # P95000010896

1. Entity Name
**BEST DUSTERS PROFESSIONAL OFFICE CLEANING
SERVICE, INC.**



Principal Place of Business
**429 GREEN ACRES RD, C2
FT WALTON BEACH, FL 32547**

Mailing Address
**429 GREEN ACRES RD, C2
FT WALTON BEACH, FL 32547**



2. Principal Place of Business
222 Spencer Drive
Suite, Apt. #, etc.

3. Mailing Address
222 Spencer Drive
Suite, Apt. #, etc.

02152005 Chg-P CR2E034 (10/03)

City & State
Ft. Walton Beach, FL
Zip
32547 Country
USA

City & State
Ft. Walton Beach, FL
Zip
32547 Country
USA

4. FEI Number
59-3294367 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANSCUM, POLLY A
2345 PRYTANIA CIR.
NAVARRE, FL 32566**

7. Name and Address of New Registered Agent

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PT ☐ Delete
NAME
BRANSCUM, POLLY
STREET ADDRESS
2345 PRYTANIA CIR.
CITY-ST-ZIP
NAVARRE, FL 32566

TITLE
S ☐ Delete
NAME
BRANSCUM, MELODEE
STREET ADDRESS
222 SPENCER DR.
CITY-ST-ZIP
FORT WALTON BEACH, FL 32547

TITLE
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NAME
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STREET ADDRESS
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CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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NAME
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STREET ADDRESS
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CITY-ST-ZIP
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TITLE
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NAME
Vice-President
STREET ADDRESS
Larry Branscum
CITY-ST-ZIP
2345 Prytania Circle
Navarre, FL 32566

TITLE
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NAME
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STREET ADDRESS
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CITY-ST-ZIP
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CITY-ST-ZIP
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TITLE
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NAME
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STREET ADDRESS
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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: Polly A. Branscum **Polly A. Branscum** 3/9/05 850-863-1816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #