

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04 2004 08:00 AM
Secretary of State

DOCUMENT # P95000014238

1. Entity Name
RJ'S SWEEPER SERVICE INC.



Principal Place of Business
3430 N PINE BARREN RD
MCDAVID, FL 32568

Mailing Address
3430 N PINE BARREN RD
MCDAVID, FL 32568

DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3292208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARTLEY, RICKY L
3430 N PINE BARREN RD
MCDAVID, FL 32568

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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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000033192
02/05/04-80034-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BARTLEY, RICKY L
3430 N PINE BARREN RD
MC DAVID, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BARTLEY, RICKY L
3430 N PINE BARREN RD
MCDAVID, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President (850) 327-6715
Date Daytime Phone #