


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000015312 1. Entity Name DUFFY CLEANING SERVICE, INC.	
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Principal Place of Business 4900 NE 18TH COURT OCALA, FL 34479	Mailing Address 4900 NE 18TH COURT OCALA, FL 34479
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05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3298985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUFFY, LUBERTA 4900 NE 18TH CT. OCALA, FL 34479
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**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 reinstating) U000000156046
05/05/04-8001-013 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DUFFY, G. LUBERTA 4900 NE 18TH COURT OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DUFFY, MICHAEL 4900 NE 18TH COURT OCALA, FL 34479
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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)(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: Dr. Luberta Duffy 4/29/04 352-368601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #