


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000024875
 1. Entity Name
MARGARET REID CLEANING SERVICE, INC.



Principal Place of Business Mailing Address
 5853 N.W. 41ST LANE 5853 N.W. 41ST LANE
 COCONUT CREEK, FL 33074 COCONUT CREEK, FL 33074



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0577304 Not Applicable

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

6. Name and Address of Current Registered Agent
 REID, MARGARET
 5853 N.W. 41ST LANE
 COCONUT CREEK, FL 33074

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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 _____ DATE _____
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

000000130501
 04/26/04 08:11:02 024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REID, MARGARET
STREET ADDRESS	5853 N.W. 41ST LANE
CITY - ST - ZIP	COCONUT CREEK, FL 33074
TITLE	D
NAME	REID, ANDRE
STREET ADDRESS	5853 N.W. 41ST LANE
CITY - ST - ZIP	COCONUT CREEK, FL 33074
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 empowered.

SIGNATURE: *Margaret Reid* MARGARET REID, Pres - 407-480-6512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____