2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000034344

1. Entity Name

JERRY'S VACUUMS & JANITORIAL SUPPLIES, INC.



FILED Mar 29, 2004 08:00 AM Secretary of State

Principal Place of Business

945 N 14TH ST

HWY 27 S

LEESBURG, FL 34748 US

Mailing Address

945 N 14TH ST

HWY 27 SO

LEESBURG, FL 34748 US



01062004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-3313541

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

TARA FINANCIAL SERVICES, INC. 489 W MINNEHAHA AVE CLERMONT. FL 34711

DO NOT WRITE IN THIS SPACE

 the above named entity submits this statement for the purpose of changing its registered once or registered agent, or both, in the state of motion. I am terminal with, and accept the obligations of registered agent. 					
SIGNATURE Signature, typed or proted name of registered agent and one 4 applicable. (NOTE Registered Agent and one 4 applicable.			xered Agent agnoture	required when rematating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD HOFFMAN, JERRY D 945 N 14TH ST HWY 27 SOUTH LEESBURG, FL 34748				(100000097624 03/29/04-80008-006 150.00
NAME Street Address City-St-Zip					
BRE NAME STREET ADDRESS CRY-SI-ZIP RRE NAME					NOT WRITE THIS SPACE
STREET ADDRESS CITY-ST-ZIP					
RITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE HAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 logal 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 16 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					