2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowere

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED Mar 29, 2004 8:00 am DOCUMENT # P96000009665 **Secretary of State** 1. Entity Name 03-29-2004 90407 034 ***150.00 GEORGE ROOKER CLEANING, INC. Principal Place of Business Mailing Address 1146 SW 14TH TERRACE CAPE CORAL FL 33991 1146 SW 14TH TERRACE CAPE CORAL FL 33991 2. Principal Place of Business 142 SW 1422 Suite, Apt. #, etc. lectace Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State/ 4. FEI Number 65-0807789 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROOKER, GENEVA C Street Address (P.O. Box Number is Not Acceptable) 1146 S.W. 149TH TERRACE CAPE CORAL FL 33991 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$850.00_ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Ospartment of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE TITLE ROOKER, GENEVA C NAME NAME 1146 S.W. 14TH TERRACE STREET ADDRESS CAPECOKAL FL 3399 STREET ADDRESS CtTY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition JITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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

3-24-04

Daytime Phone #