

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000036085

1. Entity Name
S AND C CLEANING, INC.



Principal Place of Business
**100 COVEWOOD ST
MARCO ISLAND, FL 34145 US**

Mailing Address
**100 COVEWOOD ST
MARCO ISLAND, FL 33937 US**



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0665313

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CONNELLY, SHELLI
100 COVEWOOD ST
MARCO ISLAND, FL 34145**

**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: Shelli Connelly Shelli Connelly 4/20/04
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**

**000000126680
04/23/04-80043-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	CONNELLY, CHARLES J
STREET ADDRESS	100 COVEWOOD ST
CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	VTD
NAME	CONNELLY, SHELLI L
STREET ADDRESS	100 COVEWOOD ST
CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 807, 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: Shelli Connelly Shelli Connelly 4/20/04 239-394-7621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #