


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90004 050 ***150.00

DOCUMENT # P96000065763	
1. Entity Name BRIGHT CLEANING SERVICES OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business 2857 TAMiami TRAIL E #3 NAPLES, FL 34112	Mailing Address 2857 TAMiami TRAIL E #3 NAPLES, FL 34112
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2. Principal Place of Business 379 DOVER PL Suite, Apt. #, etc. 604	3. Mailing Address 379 DOVER PL Suite, Apt. #, etc. 604
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City & State NAPLES, FL	City & State NAPLES, FL
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Zip 34104	Country	Zip 34104	Country
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6. Name and Address of Current Registered Agent SOTO, NANCY 379 DOVER PLACE #604 NAPLES, FL 34104	
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03212004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0679456

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 *James Soto* DATE **4-2-04**

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 ¹ Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS <input type="checkbox"/> Delete SOTO, NANCY 379 DOVER PLACE, #604 NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James Soto* DATE **4-2-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR