

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P96000094403  
 1. Entity Name  
 A1 - ECK SWEEPING SERVICE, INC.



Principal Place of Business: 1329 SW 4TH COURT, CAPE CORAL, FL 33991 US  
 Mailing Address: PO BOX 6231, FT MYERS, FL 33911 US



**DO NOT WRITE IN THIS SPACE**

02242004 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 65-0709189 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MILLER, BRIAN L  
 1329 SW 4TH COURT  
 CAPE CORAL, FL 33991

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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

UN0000106101  
 04/08/04-80002-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, BRIAN L
STREET ADDRESS	1329 SW 4TH COURT
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	MILLER, CARL L
STREET ADDRESS	3105 S.E. 10TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	MILLER, MARLENE J
STREET ADDRESS	3105 S.E. 10TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	MILLER, MICHELLE A
STREET ADDRESS	1329 SW 4TH COURT
CITY-ST-ZIP	CAPE CORAL, FL 33941
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)(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: Brian L. Miller 4/5/04 239-574-4655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #