## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 

## Apr 01, 2004 8:00 am Secretary of State **DOCUMENT # P97000015656** 04-01-2004 90038 028 \*\*\*158.75 DOCTOR CLEAN COMMERCIAL CLEANING, INC. Principal Place of Business Mailing Address 318 BREAKWATER TERRACE 318 BREAKWATER TERRACE 24032773 SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 2. Principal Place of Busin 540 4 Suite, Apt. #, etc 03292004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For **V**O 65-0733662 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name VERNON, CHRIS A Street Address (P.O. Box Number is Not Acceptable) 318 BREAKWATER TERRACE SEBASTIAN, FL 32958 3. The above named entity suphits 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 a SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ПΤΕ 🗹 Change Addition NAME VERNON, MICHAEL K NAME 5540 475 Street 318 BREAKWATER TERR STREET ADDRESS STREET ADORESS CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP lero Beach, FL 32967 VS TITLE Delete TITLE Change ☐ Addition VERNON, CHRIS A NAME NAME 318 BREAKWATER TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DIY-ST-7P COY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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 gustee 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.

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