

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90014 040 \*\*\*155.00

**DOCUMENT # P98000029624**

1. Entity Name

**QUALITY COMMERCIAL CLEANING OF PALM BEACH  
COUNTY, INC.**



Principal Place of Business

**1706 DORCHESTER PL  
WEST PALM BEACH FL 33414**

Mailing Address

**1706 DORCHESTER PL  
WEST PALM BEACH FL 33414**

03011001



MOORE

CR2E034 (11/03)

(2) Principal Place of Business  
**856- WHIPPOORWILL -WAY**

Suite, Apt. #, etc.

**HOME**

(3) Mailing Address  
**856- WHIPPOORWILL -WAY**

Suite, Apt. #, etc.

**HOME**

City & State

**WEST- PALM- BEACH**

City & State

**WEST- PALM- BEACH FLA**

Zip

**33411**

Country

**USA-FLA-**

Zip

**33411**

Country

**USA**

4. FEI Number

**59-2586435**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCIGLIANO, BRENDA  
1706 DORCHESTER PL  
WEST PALM BEACH FL 33414**

7. Name and Address of New Registered Agent

Name  
**BRENDA B HECTOR SCIGLIANO**

Street Address (P.O. Box Number is Not Acceptable)

**856- WHIPPOORWILL -WAY**

City

**WEST- PALM- BEACH -**

**FL**

Zip Code

**33411**

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SCIGLIANO, HECTOR**  
**1706 DORCHESTER PL**  
**WEST PALM BEACH FL 33414**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SCIGLIANO, BRENDA**  
**1706 DORCHESTER PL**  
**WEST PALM BEACH FL 33414**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Delete**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Delete**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Delete**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT**  
**HECTOR B SCIGLIANO**  
**856- WHIPPOORWILL -WAY**  
**WEST- PALM- BEACH- FLA- 33411**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE- PRESIDENT**  
**BRENDA SCIGLIANO**  
**856- WHIPPOORWILL -WAY**  
**WEST- PALM- BEACH FLA 33411**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Change**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Change**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Change**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Change**

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:

**Hector O. Scigliano**

**HECTOR O. SCIGLIANO - 3/8/04**

Date

**561.7904228**

Daytime Phone #