

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 A
Secretary of State

DOCUMENT # P98000059287

1. Entity Name
A WOMAN'S TOUCH CLEANING SERVICE INC. OF TAMPA BAY



Principal Place of Business Mailing Address

**2309 N.E. COACHMAN ROAD
 CLEARWATER, FL 33765 US** **2309 N.E. COACHMAN ROAD
 CLEARWATER, FL 33765 US**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FET Number Applied For
59-3475979 Not Applicable

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

6. Name and Address of Current Registered Agent

**ARRIEN, MARY
 2309 N.E. COACHMAN ROAD
 CLEARWATER, FL 33765**

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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: *Mary Arrien* 1-12-04
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**

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	COONEY, JULIA
STREET ADDRESS	1878 N BETTY LANE
CITY - ST - ZIP	CLEARWATER, FL 33755
TITLE	VP
NAME	TURNER, JOSCIA R
STREET ADDRESS	706 PALM BLUFF ST
CITY - ST - ZIP	CLEARWATER, FL 33755
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)(g), 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: *Mary Arrien* 1/12/04 797-8770
Signature and typed or printed name of signing officer or director Date Daytime Phone #