2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 26, 2004 08:00 AM **DOCUMENT # P98000079776 Secretary of State** 1. Entity Name WRIGHT'S FLOOR CLEANING SERVICES, INC. Mailing Address Principal Place of Business 4441 N.W. 43RD STREET 4441 N.W. 43RD STREET LAUDERDALE LAKES, FL 33319 LAUDERDALE LAKES, FL 33319 05132004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0873289 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent EUSTACE LIBURD, ADRIAN CPA DO NOT WRITE 832 S.W. 64 TERRACE NORTH LAUDERDALE, FL 33068 IN THIS SPACE 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 lamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. TIRE n WRIGHT, KEITH NAME 4441 N.W. 43RD STREET STREET ADDRESS U00000188364 CITY-ST-ZIP LAUDERDALE LAKES, FL 33319 07/26/04-80010-020 150.00 TITLE WRIGHT, MAXINE D STREET ADDRESS 4441 N.W. 43RD STREET LAUDERDALE LAKES, FL 33319 CITY-ST-772 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP RRE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 express, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
ONY - ST - ZIP

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27- OCF

FILED