


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90002 039 ***550.00

DOCUMENT # P99000082598			
1. Entity Name AUTHORIZED CLEANING & RESTORATION, INC.			
Principal Place of Business 780 N TAMIAMI TRAIL NOKOMIS FL 34275		Mailing Address 780 N TAMIAMI TRAIL NOKOMIS FL 34275	
2. Principal Place of Business 105 A Colonia Ln East Suite, Apt. #, etc.		3. Mailing Address 105 A Colonia Ln East Suite, Apt. #, etc.	
City & State Nokomis, FL Zip 34275 Country		City & State Nokomis, FL Zip 34275 Country	
4. FEI Number 65-0948896		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA FL 34233		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State.		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WHITTINGTON, BRENDA 3736 ACORN ST NORTH PORT FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS RANDALL, WHITTINGTON 3736 ACORN ST NORTH PORT FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **RANDALL WHITTINGTON** 8-23-04 941-926-1327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #