

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P99000088127

1. Entity Name

JOHN AND FAYES' CLEANING AND MAINTENANCE  
SERVICE, INC.



Principal Place of Business  
5398 CAROLINE AVE.  
NAPLES FL 34113

Mailing Address  
5398 CAROLINE AVE.  
NAPLES FL 34113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0521719

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FULKROAD, JOHN C  
5398 CAROLINE AVE.  
NAPLES FL 34113

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

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Delete

Change

Addition

TITLE PSD  
NAME FULKROAD, JOHN C  
STREET ADDRESS 5398 CAROLINE AVE.  
CITY-ST-ZIP NAPLES FL 34113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD  
NAME LOYD, WILLIE F  
STREET ADDRESS 5398 CAROLINE AVE.  
CITY-ST-ZIP NAPLES FL 34113

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)(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:

*John Fulkroad*

President

4/18/04 (239)783-0489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED  
Apr 21, 2004 8:00 am  
Secretary of State**

04-21-2004 90051 005 \*\*\*150.00

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MOORE CR2E034 (11/03)