

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90044 003 ***150.00

DOCUMENT # P99000104585

1. Entity Name
**CLEAN AS A WHISTLE STRUCTURE CLEANING
SYSTEMS, INC.**



Principal Place of Business

**9329 DANEY STREET
GOTHA, FL 34734**

Mailing Address

**9329 DANEY STREET
GOTHA, FL 34734**

94022248



2. Principal Place of Business

8607 SHADY GLEN DR

Suite, Apt. #, etc.

3. Mailing Address

8607 SHADY GLEN DR

Suite, Apt. #, etc.

01252004

Chg-P

CR2E034 (10/03)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3611235

Applied For

Not Applicable

Zip

32819

Country

U.S.

Zip

32819

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PALERMO, MICHAEL
9329 DANEY STREET
GOTHA, FL 34734**

7. Name and Address of New Registered Agent

Name

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

8607 SHADY GLEN DR

City

ORLANDO

FL

Zip Code

32819

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**

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
**PST
PALERMO, MICHAEL
9329 DANEY STREET
GOTHA, FL 34734** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PALERMO, MICHAEL J JR.
9329 DANCY STREET
GOTHA, FL 34734** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PALERMO, ROSE MARIE
9329 DANCY STREET
GOTHA, FL 34734** ☐ 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
**8607 SHADY GLEN DR
ORLANDO, FL 32819** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8607 SHADY GLEN DR
ORLANDO, FL 32819** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8607 SHADY GLEN DR
ORLANDO, FL 32819** ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/04 407-342-9020