2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # V21895

THOROUGH CLEANING SERVICE INC.



Principal Place of Business

Mailing Address

685 WILLIAMS ROAD

NEW SMYRNA BEACH, FL 32168

685 WILLIAMS ROAD NEW SMYRNA BEACH, FL 32168

FILED Mar 10, 2004 8:00 am Secretary of State

03-10-2004 90018 050 ***150.00

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DO NOT WRITE IN THIS SPACE

03022004	No Chg-P	CR2E034 (10/03)	

4. FEI Number 59-3114785 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

BRAUN, SANDRA L.

DO NOT WRITE

685 WILLIAMS RD. NEW SMYRNA BEACH, FL 32168 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.			IN THIS SPACE and office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE						
	Signature, typed or printed name of registered agent and title in	if applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BRAUN, SANDRA 685 WILLIAMS RD NEW SMYRNA BEACH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[©] C ^N	,		
TITLE NAME -STREET ADDRESS CITY-ST-ZIP			1 3872.	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MIN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,		
TITLE NAME			,			

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:

STREET ADDRESS CITY-ST-ZIP

SANDRA L. BRAUN

'⊿Daytime Phone