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

DOCUMENT # V57990

1. Entity Name

TOTALLY VACUUMS, INC.



FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90366 030 ***150.00

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Principal Place of Business		Mailing Address		
2555 PARK DRIVETS SANFORD FL 32773		2555 PARK DRIVE SANFORD FL 32773 US		AND AND MARKET OF THE STATE OF
	State of the state			E ÎNDIRÎ DÎNDER ANNI ÎNDIR STÎRO ÎREKE DUN DIDER BEREN DIYAN BYBER ÎNDIR KREKERAL YI DIDE.
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 59-3139397 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		7. Name and Address of New Registered Agent
0.0	SON MADE V		Name	
OLSON, MARK V 143 PINE ISLE DR SANFORD FL 32773			Street Addre	ess (P.O. Box Number is Not Acceptable)
			City	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. Fam 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				
三人士,并是1980年96.3%,其有7次的	and the second second second commence of the second	1479 (148 ST) 1874 (1874)	E. riegisteleti Agent signature (et	quisti witer reinstating)
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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	Ρ	- 🗌 Delete	TITLE	Change Addition
NAME	MARK, OLSON V		NAME	
STREET ADDRESS CITY-ST-ZIP	143 PINE ISLE DR SANFORD FL 32773		STREET ADDRESS CITY-ST-ZIP	
TITLE	D :	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JONATHAN, SWIFT	The perefe	NAME	
STREET ADDRESS	482 N. PINEMEADOW DR		STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713		CITY-ST-ZIP	
TITLE	·	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS*	_		NAME STOCKE ADDRESS	_
CITY-ST-ZIP			STREET ADDRESS (CITY-ST-ZIP	
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE	<u></u>	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	M/1	-	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	position that the information of policy with	Abda dilia adalah adalah sarah sarah sarah	CITY-ST-ZIP	Contino 110 07(2V) Florida Chapter I forther with the latest transfer

I hereby certify that the information supplied with this filling 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 fall other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

4.17.04 407.314.1728