


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000088530</b> 1. Entity Name <b>SKYLINE JANITORIAL PAPER &amp; SUPPLY INC</b>	
--	---

Principal Place of Business  
**885 SOUTH VINELAND ROAD  
WINTER GARDENS, FL 34787**

Mailing Address  
**885 SOUTH VINELAND ROAD  
WINTER GARDENS, FL 34787**



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3743980</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BASHIOUM, REBECCA  
885 S VINELAND ROAD  
WINTER GARDEN, FL 34787**

**DO NOT WRITE  
IN THIS SPACE**

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

U00000126089  
04/23/04-80020-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY ST ZIP	PTD BASHIOUM, REBECCA J 885 SOUTH VINELAND ROAD WINTER GARDENS, FL 34787
--	---

TITLE NAME STREET ADDRESS CITY ST ZIP	SVD BASHIOUM, GEOFFREY D 885 SOUTH VINELAND ROAD WINTER GARDENS, FL 34787
--	--

TITLE NAME STREET ADDRESS CITY ST ZIP	D LONG, WILLIAM J 1726 KING PHILIP DR KISSIMMEE, FL 34786
--	--

TITLE NAME STREET ADDRESS CITY ST ZIP	
--	--

TITLE NAME STREET ADDRESS CITY ST ZIP	
--	--

TITLE NAME STREET ADDRESS CITY ST ZIP	
--	--

**DO NOT WRITE  
IN THIS SPACE**

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 #

4/21/04