

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000029745

**Entity Name:** JORIS JANITORIAL, INC.

**Current Principal Place of Business:**

5059 FOXBRIDGE CIRCLE N., 273  
CLEARWATER, FL 33760

**Current Mailing Address:**

2655 ULMERTON ROAD  
STE. 324  
CLEARWATER, FL 33762

**FEI Number:** 45-4906290

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAPOINTE, MATTHEW JESQ.  
2451 MCMULLEN BOOTH ROAD  
CLEARWATER, FL 33759 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P,T  
Name HYDE, OLON  
Address 5059 FOXBRIDGE CIRCLE N., 273  
City-State-Zip: CLEARWATER FL 33760

Title VP  
Name EDMONDS, HEATHER  
Address 5059 FOXBRIDGE CIRCLE N., 273  
City-State-Zip: CLEARWATER FL 33760

Title S  
Name LAPOINTE, MATTHEW JESQ.  
Address 2451 MCMULLEN BOOTH ROAD  
City-State-Zip: CLEARWATER FL 33760

Title D  
Name HYDE, OLON  
Address 5059 FOXBRIDGE CIRCLE N., 273  
City-State-Zip: CLEARWATER FL 33760

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** OLON JORIS HYDE

**PRESIDENT**

**01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date