2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 498763

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

OAKLAND PK., FL

LIDSKY, BRYAN S

2122 NW 49TH AVE.

(X) Delete

COCONUT CREEK, FL 33063

FILED Jan 14, 2005 Secretary of State

Entity Name: SERVICEMASTER - FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 3104 S. ANDREWS AVENUE FORT LAUDERDALE, FL 33316 **Current Mailing Address: New Mailing Address:** 3104 S. ANDREWS AVENUE FORT LAUDERDALE, FL 33316 FEI Number: 59-1655349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEYER, GEORGE JR. 3104 S. ANDREWS AVENUE FORT LAUDERDALE, FL 33316 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LOSCHIAVO, LAWRENCE,, JR LIDSKY, BRYAN S, Name: Name: 535 HENDRICKS ISLE #101 360 JEFFERSON DRIVE APT 102 Address: Address: City-St-Zip: FT LAUDERDALE, FL 00000, City-St-Zip: DEERFIELD BEACH, FL 33442 Title: PD Title: () Change () Addition () Delete Name: MEYER, GEORGE JR., Name: 140 E TROPICAL WAY Address: Address: City-St-Zip: PLANTATION, FL 00000. City-St-Zip: () Delete Title: Title: SD () Change () Addition PAYNE, BEVERLY Name: Name: 1660 NW 42ND STREET Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BEVERLY J PAYNE SECY 01/14/2005

() Change () Addition