

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90277 030 ***158.75

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1. Entity Name

DISTRICT HEALTHCARE & JANITORIAL SUPPLY, INC.



Principal Place of Business

10302 NW SOUTH RIVER DRIVE
BAY # 24
MEDLEY FL 33178

Mailing Address

10302 NW SOUTH RIVER DRIVE
BAY # 24
MEDLEY FL 33178

2. Principal Place of Business

9430 LANHAM SEVERN ROAD
Suite, Apt. #, etc.
SUITE # 207

3. Mailing Address

10125 N.W. 116 WAY
Suite, Apt. #, etc.
SUITE 16

City & State

LANHAM MARYLAND

City & State

Medley FLORIDA

Zip

20706

Country

U.S.A

Zip

33178

Country

U.S.A

4. FEI Number

52-1755328

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

HOPKINS, KENNETH
10302 NW SOUTH RIVER DRIVE
BAY #24
MEDLEY FL 33178

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete
NAME WILLIAMS, PERNELL J
STREET ADDRESS 9430 LANHAM SEVERN ROAD SUITE # 207
CITY-ST-ZIP LANHAM MD 20706

TITLE VPGM ☐ Delete
NAME HOPKINS, KENNETH
STREET ADDRESS 10302 NW SOUTH RIVER DRIVE, BAY # 24
CITY-ST-ZIP MEDLEY FL 33178

TITLE S ☐ Delete
NAME WILLIAMS, PERRIE
STREET ADDRESS 9430 LANHAM SEVERN ROAD SUITE # 207
CITY-ST-ZIP LANHAM MD 20706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

Kenneth Hopkins KENNETH HOPKINS 1/30/06 (305) 888-1455 x12