

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G06525</b> 1. Entity Name JANITORIAL INDUSTRIAL MAINTENANCE SUPPLY CO., INC.		
Principal Place of Business 3602 WATERFIELD RD (LAKELAND FL 33801) P.O. BOX 1838 EATON PARK, FL 33840 US	Mailing Address 3602 WATERFIELD RD (LAKELAND FL 33801) P.O. BOX 1838 EATON PARK, FL 33840 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
02202004    No Chg-P    CR2E034 (10/03)		
4. FEI Number <b>59-2231866</b>		Applied For <input type="checkbox"/> 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		
SCHMIDT, JAMES E. 3602 WATERFIELD RD LAKELAND, FL 33801		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u>James E. Schmidt</u> DATE: <u>4-14-04</u> <small>(NOTE: Registered Agent signature required when registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		05/04/04-80013-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHMIDT, JAMES E 3602 WATERFIELD RD LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMIDT, HELEN 3602 WATERFIELD RD LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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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: <u>James E. Schmidt</u> DATE: <u>4-14-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

863-1646-3347