## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J65672

FILED Mar 13, 2004 Secretary of State

Entity Name: BUDGET JANITORIAL AND MAINTENANCE, INC.

Current Principal Place of Business: New Principal Place of Business:

486 DAWNVIEW SQ 5999 PELHAM DRIVE

PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 US

Current Mailing Address: New Mailing Address:

PO BOX 4861

PORT ORANGE, FL 32121 US

FEI Number: 59-2768356 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BISESI, THOMAS S
486 DAWNVIEW SQ
BISESI, THOMAS S
5999 PELHAM DRIVE

PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 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: THOMAS S. BISESI 03/13/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 BISESI, THOMAS S.,
 Name:
 BISESI, THOMAS S.,

 Address:
 486 DAWNVIEW SQ
 Address:
 5999 PELHAM DRIVE

 City-St-Zip:
 PT ORANGE, FL 32127
 City-St-Zip:
 PT ORANGE, FL 32127

 Name:
 BISESI, MARILYN
 Name:
 BISESI, MARILYN

 Address:
 486 DAWNVIEW SQ
 Address:
 5999 PELHAM DRIVE

 City-St-Zip:
 PT ORANGE, FL 32127
 City-St-Zip:
 PT ORANGE, FL 32127

Title: S () Delete Title: S (X) Change () Addition

 Name:
 HAMMONS, PATRICIA A
 Name:
 BISESI, MARILYN

 Address:
 1411 W. HARNDEN RD.
 Address:
 5999 PELHAM DRIVE

 City-St-Zip:
 PORT ORANGE, FL
 232127

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 PEAKE, ALICIÁ M
 Name:

 Address:
 112 COLINA PL
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:

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.

SIGNATURE: THOMAS S. BISESI PD 03/13/2004