

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90012 011 \*\*\*150.00

**DOCUMENT # J81990**

1. Entity Name  
**ADDISON & SON JANITOR & AIR CONDITIONING SERVICE, INC.**



Principal Place of Business  
**2609 HARRY T. MOORE AVE.  
MIMS FL 32754**

Mailing Address  
**2609 HARRY T. MOORE AVE.  
MIMS FL 32754  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-2831913**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PETERS, MARK S.  
SUITE F  
150 FORTENBERRY ROAD  
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Betty M. Addison DATE 3-24-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADDISON, BETTY 2609 HARRY T MOORE AVE MIMS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Betty Addison 2609 Harry T. Moore Ave Mims. FL. 32754
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT ADDISON, WILLIE JAMES 2609 HARRY T MOORE AVE MIMS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Willie Jerrod Addison 418 Maple Pt. Dr. Seffner FL. 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MACK, SHERRI 2609 PALMETTO AVE. MIMS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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: Betty M. Addison DATE 4/14/04 DAYTIME PHONE # 321-267-7941  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR