


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # K85636**  
 1. Entity Name  
**LITTLE RIVER JANITORIAL SERVICES CORPORATION**



Principal Place of Business % THOMAS TANKS 9310 N W LITTLE RIVER DR MIAMI, FL 33147	Mailing Address % THOMAS TANKS 9310 N W LITTLE RIVER DR MIAMI, FL 33147
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**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0112096	Applied For 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  
 TANKS, THOMAS  
 9310 N W LITTLE RIVER DR  
 MIAMI, FL 33147

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT TANKS, THOMAS 9310 N W LITTLE RIVER DR MIAMI FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TANKS, MARTHA 9310 N W LITTLE RIVER DR MIAMI FL,
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U00000149377  
 05/03/04-80183-016 150.00

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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: *Thomas Tanks* 04-29-04 305-836-6332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #