2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUMENT # K85636 1. Entity Name LITTLE RIVER JANITORIAL SERVICES CORPOR	ATION	Secretary of State
Principal Place of Business Mailing Address % THOMAS TANKS % THOMAS TA %510 N W LITTLE RIVER DR 9310 N W LITT MIAMI, FL 33147 MIAMI, FL 33	ANKS TLE RIVER DR	
DO NOT WRITE IN THI	S SPACE	04222005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent TANKS, THOMAS 9310 N W LITTLE RIVER DR MIAMI, FL 33147 8. The above named entity submits this statement for the purpose of cha	anging its registered office or register	DO NOT WRITE IN THIS SPACE red 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 FILE NOWILL FEE IS \$150.00 9. Election	(NOTE Registered Agent signature required in Campaign Financing \$5.	
TITLE PT TANKS, THOMAS STREET ADDRESS CITY-ST-ZIP MIAMI FL, TITLE VD NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL, TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000341794 04/29/05-80029-016 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS	' -	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)), Florida Statutes. I Jurther 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 it 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHATCHE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR PROSES ARMY

0 4- 26 2005 Date Prone #