


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L01000013049</b><br>1. Entity Name<br><b>SERVICE ONE JANITORIAL, L.L.C.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1520 TIVOLI DRIVE<br/>DELTONA, FL 32725</b> | Mailing Address<br><b>1520 TIVOLI DRIVE<br/>DELTONA, FL 32725</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC

CR2E083 (10/03)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>59-3235423</b>                                   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
**BOWMAN, WILLIAM E  
1520 TIVOLI DRIVE  
DELTONA, FL 32725**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>BOWMAN, WILLIAM E<br/>1520 TIVOLI DRIVE<br/>DELTONA, FL 32725</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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UD00000337521  
04/27/05-80170-016 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** William E. Bowman 4/23/05 321-283-2158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #