

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90194 006 \*\*\*150.00

**DOCUMENT # L18042**

1. Entity Name  
**AMERI-KLEEN SERVICES, INC.**



Principal Place of Business  
**109 NW ROCKBRIDGE CT.  
PORT SAINT LUCIE, FL 34986 US**

Mailing Address  
**109 NW ROCKBRIDGE CT.  
PORT SAINT LUCIE, FL 34986 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202005

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-2982224**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEJOIE, GABRIEL D  
3524 SE HYDE CIRCLE  
PORT ST. LUCIE, FL 34984**

7. Name and Address of New Registered Agent

Name **Gabriel D. Dejoie**

Street Address (P.O. Box Number is Not Acceptable)

**109 NW Rockbridge Ct**

City **Port St. Lucie**

**FL**

Zip Code **34986**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/20/05**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **DEJOIE, GABRIEL D**  
CITY-ST-ZIP **109 NW ROCKBRIDGE CT.  
PORT SAINT LUCIE, FL 34986**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **DEJOIE, CHERYL G**  
CITY-ST-ZIP **109 NW ROCKBRIDGE CT.  
PORT SAINT LUCIE, FL 34986**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **DEJOIE, BEATRICE D**  
CITY-ST-ZIP **743 BRIDGEPORT DR  
PORT ST LUCIE, FL 34984**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/05**

Date

**772-878-9001**

Daytime Phone #