
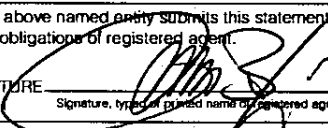
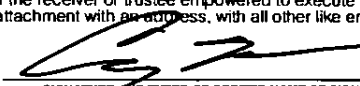


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90031 002 \*\*\*150.00

<b>DOCUMENT # L34215</b>					
<b>1. Entity Name</b> <b>JANI-KLEEN BUILDING MAINTENANCE INC.</b>					
<b>Principal Place of Business</b> 8100 INAGUA LANE WELLINGTON, FL 33414			<b>Mailing Address</b> 8100 INAGUA LANE WELLINGTON, FL 33414		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> <b>65-0162910</b>	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LYON, JAMES B ESQ 1881 UNIVERSITY DR STE 206 CORAL SPRINGS, FL 33071			<b>7. Name and Address of New Registered Agent</b> Name <b>JAMES B. LYON, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3300 UNIVERSITY DR. Suite 802</b> City <b>CORAL SPRINGS</b> FL <b>33065</b>		
<b>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.</b> SIGNATURE  <b>JAMES B. LYON</b> DATE <b>JAN. 10, 2005</b> <small>Signature, typed or printed name of registered agent and the fee applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FELDMAN, CARY S. 8100 INAGUA LANE WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>  <b>CARY S. FELDMAN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

00007140



01082005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

Zip Code  
33065

1/14/05 (954) 572-7037  
Date Daytime Phone #