


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L58968	
1. Entity Name JOHNSON & JOHNSON JANITORIAL SERVICE, INC.	

Principal Place of Business % JANICE JOHNSON 7901 BAHIA AVENUE TAMPA, FL 33619	Mailing Address 7901 BAHIA AVENUE TAMPA, FL 33619
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DO NOT WRITE IN THIS SPACE



03202005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3003572	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSON, JANICE
7901 BAHIA AVENUE
TAMPA, FL 33619

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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 _____
Signature is typed or printed name of registered agent and FCI if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	CD JOHNSON, JANICE 7901 BAHIA AVENUE TAMPA, FL 33619
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03/24/05-80022-016 150.00

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: *Janice Johnson* JANICE JOHNSON 3/22/05 (813) 629-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR