

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M01000001203

FILED
Apr 24, 2006
Secretary of State

Entity Name: JANITORIAL MAINTENANCE & SUPPLY, LLC

Current Principal Place of Business:

1004 SEVIER AVENUE
KNOXVILLE, TN 37920

New Principal Place of Business:

Current Mailing Address:

4701 OLD SHEPARD PLACE
PLANO, TX 75093

New Mailing Address:

P.O. BOX 5717
SUN CITY CENTER, FL 33571

FEI Number: 74-2995145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: ED LARY, ASSISTANT SECRETARY

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALL, TIM
Address: 4701 OLD SHEPARD PLACE
City-St-Zip: PLANO, TX 75093

Title: MGR (X) Delete
Name: DAVIDIAN, TIM
Address: 4701 OLD SHEPARD PLACE
City-St-Zip: PLANO, TX 75093

Title: MGR (X) Delete
Name: WHITEHEAD, KIM
Address: 4701 OLD SHEPARD PLACE
City-St-Zip: PLANO, TX 75093

Title: MGR (X) Delete
Name: JOHNSON, RONALD E
Address: 1004 SEVIER AVE
City-St-Zip: KNOXVILLE, TN 37920

Title: MGR (X) Delete
Name: COLEMAN, RICHARD D
Address: 1004 SEVIER AVE
City-St-Zip: KNOXVILLE, TN 37920

Title: MGR (X) Delete
Name: WILLIAMS, CLINT
Address: 1004 SEVIER AVENUE
City-St-Zip: KNOXVILLE, TN 37920

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMS, CLINTON P
Address: 1310 LENOX GREENS DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLINTON P. WILLIAMS

MGR

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date