## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M23235

BROWN, LINDA CARTER

5640 S.W. 4TH COURT

PLANTATION, FL

Name:

Address:

City-St-Zip:

Entity Name: B & B MAID & JANITORIAL SERVICES, INC.

FILED Mar 08, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2708 M AUSTRALIAN AVE SUITE S-7 WEST PALM BEACH, FL 33407 US **New Mailing Address: Current Mailing Address:** 2708 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407 US FEI Number: 59-2819874 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONE, WILLIAM J JR. ESQ 514 S.É. 7TH STREET FT. LAUDERDALE, FL 33301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BROWN, JIMMIE Name: Name: 5640 S.W. 4TH CT. Address: Address: City-St-Zip: PLANTATION, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: BROWN, NINA CROSBY Name: 131 HAWTHORNE DRIVE Address: Address: LAKE PARK, FL City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NINA C. BROWN S 03/08/2005