

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M48107

1. Entity Name

ALL STAR JANITORIAL SERVICES, INC.



Principal Place of Business

1570 N POWERLINE RD
POMPANO BCH FL 33069-1621

Mailing Address

1570 N POWERLINE RD
POMPANO BCH FL 33069-1621



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2795780

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKS, ROBERT A.
7121 E. CYPRESS HEAD DRIVE
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME SEFTON, ERWIN
STREET ADDRESS 8479 N.W. 2ND ST.
CITY- ST- ZIP CORAL SPRINGS FL

TITLE TVD ☐ Delete
NAME MARKS, ROBERT
STREET ADDRESS 7121 E CYPRESSHEAD DRIVE
CITY- ST- ZIP PARKLAND FL

TITLE D ☐ Delete
NAME NEAL, BAUM
STREET ADDRESS 344 NW 94TH TERR
CITY- ST- ZIP PLANTATION FL

TITLE D ☐ Delete
NAME SEFTON, ROBERT
STREET ADDRESS 12955 HYLAND CIRCLE
CITY- ST- ZIP BOCA RATON FL 33428

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
000000663686
03/22/07-80014-006 150.00

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 exemptions contained in Section 119, 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: Robert A. Marks (ROBERT A. MARKS)

3/7/07

954-960-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #