

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG 30 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M79703

1. Entity Name
JEFFERSON'S JANITORIAL SERVICES & ENTERPRISES,
INC.



Principal Place of Business
% CHARLES O. JEFFERSON
2027 SKYLAND DRIVE
TALLAHASSEE, FL 32303

Mailing Address
P.O. BOX 37041
TALLAHASSEE, FL 32315



08052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2888265

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEFFERSON, CHARLES O
2027 SKYLAND DRIVE
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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 restating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JEFFERSON, CHARLES O
STREET ADDRESS 2027 SKYLAND DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VPS
NAME JEFFERSON, CATHY L
STREET ADDRESS 2027 SKYLAND DR
CITY-ST-ZIP TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

700109207947
09/07/07--01033--022 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Charles O. Jefferson Charles O. Jefferson 8/6/2007 850 414-7045

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #