

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 07, 2005 08:00 AM  
Secretary of State

DOCUMENT # M82840

1. Entity Name  
SPACE COAST JANITORIAL SERVICES, INC.



Principal Place of Business  
1420 ELDRON BLVD. S.E.  
PALM BAY, FL 32909

Mailing Address  
1420 ELDRON BLVD. S.E.  
PALM BAY, FL 32909



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2892917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ALBERTO JR.  
1420 ELDRON BLVD S.E.  
PALM BAY, FL 32909

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PVPT
NAME	FERNANDEZ, ALBERTO JR.
STREET ADDRESS	1420 ELDRON BLVD. S.E.
CITY-ST-ZIP	PALM BAY, FL 32909

TITLE	PVTS
NAME	FERNANDEZ, ALBERTO JR
STREET ADDRESS	1420 ELDRON BLVD. S.E.
CITY-ST-ZIP	PALM BAY, FL 32909

TITLE	V
NAME	FERNANDEZ, CARLOS A
STREET ADDRESS	1430 ELDRON BLVD SE
CITY-ST-ZIP	PALM BAY, FL 32909

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/05 331-984-5148