2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000080940

1. Entity Name
D & M JANITORIAL SERVICES, INC.

Principal Place of Business	Mailing Address
2231 CALLE DE CANTABRIA	2231 CALLE DE CANTABRIA
NAVARRE, FL 32566	NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

03042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3673747	Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZISSIS, CONSTANTINOS
2231 CALLE DE CANTABRIA
NAVARRE, FL 32566

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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	D
NAME	ZISSIS, CONSTANTINOS
STREET ADDRESS	2231 CALLE DE CANTABRIA
CITY-ST-ZIP	NAVARRE, FL 32566

TITLE	D
NAME	ZISSIS, MARY S
STREET ADDRESS	2231 CALLE DE CANTABRIA
CITY-ST-ZIP	NAVARRE, FL 32566

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/22/05-80105-007 158.75

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ CONSTANTINOS Zissis   4/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #