


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90028 045 ***150.00

DOCUMENT # P00000097875		
1. Entity Name SPRING-FRESH JANITORIAL, INC.		

Principal Place of Business 9675 OLD BAYMEADOWS RD. #98 JACKSONVILLE, FL 32256	Mailing Address 9675 OLD BAYMEADOWS RD. #98 JACKSONVILLE, FL 32256
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2. Principal Place of Business - No P.O. Box # 7125 SAN JOSE BLVD	3. Mailing Address 7125 SAN JOSE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32217	Zip 32217
Country U.S.	Country U.S.

40116456



05152007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3679071	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ORTIZ, WILLIAM 6910 RECREATION TR SOUTH JACKSONVILLE, FL 32244	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7125 SAN JOSE BLVD City JACKSONVILLE FL Zip Code 32217
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, WILLIAM 6910 RECREATION TR SOUTH JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ORTIZ, WILLIAM 6910 RECREATION TR SOUTH JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ORTIZ, WILLIAM 7125 SAN JOSE BLVD JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ☒ *William Ortiz* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____