

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044650

FILED
Apr 27, 2009
Secretary of State

Entity Name: SOUTH LAKE CLEANING & JANITORIAL SUPPLY, INC.

Current Principal Place of Business:

303 W. US HWY 27
C-1
MINNEOLA, FL 34715 US

New Principal Place of Business:

12579 NICOLETTE CT
CLERMONT, FL 34711 US

Current Mailing Address:

P.O. BOX 1131
MINNEOLA, FL 34755 US

New Mailing Address:

FEI Number: 59-3715388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, ROBIN
1637 LAKE AVE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

BOWERS, ROBIN
12579 NICOLETTE CT
CLERMONT, FL 34711 US

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.

SIGNATURE: ROBIN BOWERS

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWERS, ROBIN
Address: 1637 LAKE AVE
City-St-Zip: CLERMONT, FL 34711 US

Title: VP () Delete
Name: BOWERS, MIKE
Address: 1637 LAKE AVE
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: BOWERS, ROBIN
Address: 1637 LAKE AVE
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: BOWERS, ROBIN
Address: 1637 LAKE AVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOWERS, ROBIN
Address: 12579 NICOLETTE CT
City-St-Zip: CLERMONT, FL 34711 US

Title: VP (X) Change () Addition
Name: BOWERS, MIKE
Address: 12579 NICOLETTE CT
City-St-Zip: CLERMONT, FL 34711

Title: T (X) Change () Addition
Name: BOWERS, ROBIN
Address: 12579 NICOLETTE CT
City-St-Zip: CLERMONT, FL 34711

Title: S (X) Change () Addition
Name: BOWERS, ROBIN
Address: 12579 NICOLETTE CT
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN BOWERS

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date