## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 8:00 am Secretary of State DOCUMENT # P01000058251 05-02-2005 90402 036 \*\*\*150 00 1. Entity Name **EDCARM JANITORIAL & MAINTENANCE, INC.** Principal Place of Business Mailing Address 14013615 **5061 W OAKLAND PK BLVD 5061 W OAKLAND PK BLVD** F101 F101 LAUDERDALE LAKES, FL 33313 LAUDERDALE LAKES, FL 33313 2. Principal Place of Business 900 CORAL RIDGE DBIVE Suite, Apt. #, etc. 04162005 CR2E034 (10/03) Chg-P 182 4. FEI Number Applied For 65-1116977 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Ager GANZ, EDWARD 5061 W OAKLAND PARK BLVD F101 LAUDERDALE LAKES, FL 33313 900 PORAL RIDECTISISE 8. The above named entity submyts this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia the obligations of registered inent. (NOTE: Recistored Agent expetive required when repostation d scent and title & applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE GANZ, EDWARD NAME NAME STREET ADDRESS 5061 W OAKLAND PARK BLVD F101 STREET ADDRESS LAUDERDALE LAKES, FL 33313 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Detete TITLE □ Addition Change Change NAME NAME

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 <u>same legal effect as</u> if made under eath; 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.

STREET ADORESS

DITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED