

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90058 014 ***150.00

DOCUMENT # P01000060106

1. Entity Name
SEASIDE JANITORIAL SERVICES, INC.



Principal Place of Business
25 A FLORIDA PARK DRIVE
PALM COAST, FL 32137

Mailing Address
POST OFFICE BOX 350342
PALM COAST, FL 32135

94023137



2. Principal Place of Business
2 ENTERPRISE DRIVE

3. Mailing Address

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.

01062004 Chg-P CR2E034 (10/03)

City & State
Bunnell, FL

City & State

4. FEI Number
59-3727770

Applied For
Not Applicable

Zip
32110

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEREMIA, KEVIN H
204 PRICHARD DRIVE
PALM COAST, FL 32164

Name

Street Address (P.O. Box Number is Not Acceptable)

41 CANTERBURY WOODS

City ORMOND BEACH

FL

Zip Code 32174

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GEREMIA, KEVIN H
STREET ADDRESS 25 A FLORIDA PARK DRIVE
CITY-ST-ZIP PALM COAST, FL 32137

TITLE DPT ☒ Change ☐ Addition
NAME GEREMIA, KEVIN H.
STREET ADDRESS 41 CANTERBURY WOODS
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D VPS ☐ Change ☒ Addition
NAME LARA A GEREMIA
STREET ADDRESS 41 CANTERBURY WOODS
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN H. GEREMIA

02-01-04

Date

386 446-1717

Daytime Phone #