


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000087329		
1. Entity Name PRICE JANITORIAL SERVICE INC.		

Principal Place of Business 1418 NANCY DR. TALLAHASSEE, FL 32304	Mailing Address 1418 NANCY DR. TALLAHASSEE, FL 32304
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2. Principal Place of Business 260 Little River Ln Suite, Apt. #, etc. Tallahassee, FL	3. Mailing Address 2100 Little River Ln Suite, Apt. #, etc. Tallahassee, FL
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City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32311	Country Leon

**FILED**  
05 APR 29 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3755716	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRICE, RONALD B 1418 NANCY DR. TALLAHASSEE, FL 32304	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, RONALD B 1418 NANCY DR. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2100 Little River Ln Tallahassee, FL 32311 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600054202238 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/10/05--01034--005 **158.75
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
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
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 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: <i>Ronald Price</i> Ronald Price	Date 4-29-05	Daytime Phone # 850-766-0950
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