


**FOR PROFIT CORPORATION.  
ANNUAL REPORT (AR)**

<b>DOCUMENT #</b> P0600087329 1. Entity Name <i>Price Sanitorial Service, Inc.</i>	
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FILED  
07 APR 30 AM 10:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>2100 Little River Ln</i> Suite, Apt. #, etc.	3. Mailing Address <i>2100 Little River Ln</i> Suite, Apt. #, etc.
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CR2E034B (8/05)

City & State <i>Tallahassee Florida</i>	City & State <i>Tallahassee, Florida</i>	4. FEI Number <i>59-3755716</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <i>32311</i>	Country <i>US</i>	Zip <i>32311</i>	Country <i>US</i>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name *Ronald B Price 2100 Little River Ln*  
Street Address (P.O. Box Number is Not Acceptable)  
*Tallahassee, FL 32311*  
City *FL* Zip Code

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended AR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>P OWNER Ronald B Price 32311 2100 Little River Ln Tallahassee, FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Mgt,</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>000101583840 05/04/07--01017--027 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald B Price Ronald B. Price*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/30/07*  
Date

*850-766-0950*  
Daytime Phone #