

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

FILED

2007 MAY -1 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **02000040939**

1. Entity Name
High Tech Metro Sanitorial Cleaning Services, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
131 Henderson Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 326
Suite, Apt. #, etc.

City & State
Tallahassee, FL
Zip
32312
Country
USA

City & State
Tallahassee, FL
Zip
32302
Country
USA

4. FEI Number
59-2780638

Applied For
☐ Not Applicable

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

CR2E034B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Sue Williams
Street Address (P.O. Box Number is Not Acceptable)
131 Henderson Rd
City
Tallahassee FL Zip Code
32312

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)

05/01/07 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
Joe Williams - President
131 Henderson Rd.
Tallahassee, FL 32312

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/07 Date

Daytime Phone #

512 00