2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000052822



FILED Apr 05, 2006 8:00 am Secretary of State

1. Entity Name ST. LOUIS JANITORIAL SERVICES, INC.								04-05-2006 90142 033 ***150.00					
Principal Place of Business -5461-TEXAS AVE NAPLES, FL-34113				Mailing Address P O BOX 10992 NAPLES, FL 34101									
2. Principal P	Mailing Address	Address											
Suite, Apt. #, etc. # 3				Suite, Apt. #, etc.				02072006	6	Chg-P	CR2I	E034 (11/05)
City & State VAPLES FL				City & State				4. FEI Num 03-04		2			Applied For
Zip 341	04	Country		Zip	Cour	itry				atus Desired		\$8.75 A	
	6. Name a	nd Address of Cur	rent Regis	tered Agent		N		7. Name an	ıd Addı	ress of New R	egistered		
ST LOUIS, RAPHAEL 5461 TEXAS AVE						Street Address (P.O. Box Number is Not Acceptable) 46 BENNINGTON DR # 3							
NAPLES, FL 34113				46			<u>u</u>	2010	(6)6	IN DR		2	
						City /	VAPL				F		104
SIGNATURE	Rap	ubmits this stateme ed agent. https://doi.org/10.100/10.0000000000000000000000000000	St a	urpose of changing its				ed agent, or b	oth, in t	he State of Flo	,	n familiar with	a, and accept
FILE After Ma	E NOW!!! F	EE IS \$150.00 ee will be \$5	50.00	9. Election Campa Trust Fund Con	aign Finan		\$5.0	00 May Be d to Fees				<u>-</u>	
TITLE	P	OFFICERS A	ND DIREC		11.			ADDITIONS	/CHAN	IGES TO OFFI	CERS AN		IS IN 11
NAME	ST. LOUIS, I			☐ Delete	TITLE NAME STREE		Ala	BENNIN	lGT0.	N DR#	- : 2	(Change	Addition
CITY-ST-ZIP	NAPLES, FL	34113				ST-ZIP				3410			
	VP ST. LOUIS, A	NALIA		☐ Delete	TITLE NAME			,				Change	☐ Addition
	NAPLES, FL 34113					T ADORESS ST-ZIP	46-	BENNIN	SGT8	NDR 3411	#3 n.A.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS	141.11			<u> </u>		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			•			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP						☐ Change	Addition
 I hereby ce indicated or of the corporation of changed, or 	rtify that the info n this report or cration or the re r on an attachn	ormation supplied v supplemental repor- ceiver or trustee en lent with an addres	vith this filing this true and apowered to s, with all o	g does not quality for d accurate and that m o execute this report a ther like empowered.	the exen by signatures as require	nptions cor re shall hav d by Chap	ntained in ve the sar ter 607, F	Chapter 119 ne legal effec lorida Statute), Florid t as if n	a Statutes. I funade under oa that my name a	orther centh; that is appears in	tify that the ir am an officer n Block 10 or	nformation or director Block 11 if

2/15/06 (239) 465-2123