

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000095696

1. Entity Name
METRO FLOOR SYSTEMS & SUPERB JANITORIAL, INC.



Principal Place of Business
14043 SOBRADO DRIVE
ORLANDO, FL 32837

Mailing Address
14043 SOBRADO DRIVE
ORLANDO, FL 32837

DO NOT WRITE IN THIS SPACE

**FILED
May 04, 2006 8:00 am
Secretary of State**

05-04-2006 90203 032 ***150.00



04192006 No Chg-P CR2E034 (11/05)

| | |
|----------------------------------|---|
| 4. FEI Number 74-3059906 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CREWS, GWENDOLYN
14043 SOBRADO DRIVE
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CREWS, GWENDOLYN
14043 SOBRADO DRIVE
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: GWENDOLYN CREWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

Daytime Phone #