


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000105519 1. Entity Name R JOBS BEST CLEANING SPECIALIST, INC.	
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Principal Place of Business 221 WESCLIFF DR OCOE, FL 34761	Mailing Address P.O. BOX 2626 WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3654746	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITMAN, CYNTHIA 221 WESCLIFF DR. OCOE, FL 34761	DO NOT WRITE IN THIS SPACE
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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 Cynthia Whitman (NOTE: Registered Agent signature required when reinstating) DATE 7/6/05

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITMAN, ROBERT L 221 WESCLIFF DR. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITMAN, CYNTHIA M 221 WESCLIFF DR OCOE, FL 34761
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07/11/05-80022-009 558.75

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia Whitman - President 7/6/05 407 877 3886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #