2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P02000111934

Entity Name: NORTH FLORIDA JANITORIAL SUPPLY, INC.

Current Principal Place of Business:

1735 EMERSON STREET
SUITE 4
JACKSONVILLE, FL 32207

New Principal Place of Business:

9140 GOLFSIDE DR.
8N
JACKSONVILLE, FL 32256

Current Mailing Address:

1735 EMERSON STREET
SUITE 4
JACKSONVILLE, FL 32207

New Mailing Address:

9140 GOLFSIDE DR.
8N
JACKSONVILLE, FL 32256

FEI Number: 03-0487813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, RODNEY B
8191 WOODPECKER TRAIL
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALKER, RODNEY B
Address: 8191 WOODPECKER TRAIL
City-St-Zip: JACKSONVILLE, FL 322256

Title: VP ( ) Delete
Name: WALKER, HOWARD B II
Address: 8191 WOODPECKER TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

Title: SEC ( ) Delete
Name: WALKER, PATRICIA C
Address: 8191 WOODPECKER TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

Title: TR ( ) Delete
Name: WALKER, PATRICIA C
Address: 8191 WOODPECKER TRAIL
City-St-Zip: JACKSONVILLE, FL 3256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R B WALKER P 04/27/2005

Electronic Signature of Signing Officer or Director — Date