FROM :

FAX NO. :

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90482 026 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132239

1. Entity Name
COOTE JANITORIAL SERVICES, INC.

400073527

Principal Place of Business	Mailing Address
333 SW 27 AVE FT LAUDERDALE, FL 33312	2699 NW 68 TERRACE FORT LAUDERDALE, FL 33313

04302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1184727

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MORRIS, DIONNE
333 SW 27 AVE
FT LAUDERDALE, FL 33313

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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 _____ DATE _____
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOTE, NOEL
STREET ADDRESS	333 SW 27 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	D
NAME	WHITE, GLORIA
STREET ADDRESS	333 SW 27 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	T
NAME	MORRIS, DIONNE
STREET ADDRESS	333 SW 27 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria White DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR