FROM : FAX NO. :

FILED
Jun 16, 2006 8:00 am
Secretary of State
05-05-2006 90187 010 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132239

1. Entity Name
COOTE JANITORIAL SERVICES, INC.

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

66019156

04062006 No Chg-P CR2E034 (1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1184727
☐ Applied For
☐ Not Applicable

5. Certificate of Status Required ☐ $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: _____
Signature, typed or printed name of registered agent and title if applicable — Date — Registered Agent's signature required when reinstating

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

10. OFFICER AND DIRECTOR

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 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: Noel Coote
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #