

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000132239

1. Entity Name
COOTE JANITORIAL SERVICES, INC.



Principal Place of Business
**333 SW 27 AVE
FT LAUDERDALE, FL 33312**

Mailing Address
**2699 NW 68 TERRACE
FORT LAUDERDALE, FL 33313**



04172007 No Chg-P CR2E034 (11/05)

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**

**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, 2007 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	

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05/08/07-80045-022 158.75

**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:

Dionne Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

954 316 8728

Daytime Phone #