


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000132239</b> 1. Entity Name <b>COOTE JANITORIAL SERVICES, INC.</b>	
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Principal Place of Business <b>333 SW 27 AVE FT LAUDERDALE, FL 33312</b>	Mailing Address <b>2699 NW 68 TERRACE FORT LAUDERDALE, FL 33313</b>
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04282008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1184727</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MORRIS, DIONNE 333 SW 27 AVE FT LAUDERDALE, FL 33313</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000938412 05/27/08-80089-011 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COOTE, NOEL 333 SW 27 AVE FT LAUDERDALE, FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHITE, GLORIA 333 SW 27 AVE FT LAUDERDALE, FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MORRIS, DIONNE 333 SW 27 AVE FT LAUDERDALE, FL 33312</b>
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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:** Gloria White **4/29-108** **954-5301946**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #