

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90026 037 \*\*\*150.00

DOCUMENT # P03000022664

1. Entity Name

THOMAS JANITORIAL AND CLEANING SERVICES, INC.



Principal Place of Business

5508 N. 50TH STREET  
UNIT 24  
TAMPA FL 33610

Mailing Address

P. O. BOX 310477  
TAMPA FL 33680



2. Principal Place of Business - No P.O. Box #

5508 N. 50th Street

3. Mailing Address

P.O. Box 310477

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 24

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

Country

Zip

Country

33610

Hillsborough

33680

Hillsborough

1st MOORE

CR2E034 (10/06)

4. FEI Number 33-1053201

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, DOROTHY  
5508 N. 50TH STREET  
UNIT 24  
TAMPA FL 33610

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Dorothy Thomas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME THOMAS, DOROTHY  
STREET ADDRESS 5508 N. 50TH STREET  
CITY- ST- ZIP TAMPA FL 33610 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE V  
NAME GAINEY, OTHA LEE JR.  
STREET ADDRESS 5508 N. 50TH STREET  
CITY- ST- ZIP TAMPA FL 33610 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Dorothy Thomas* DOROTHY THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #