


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90006 026 \*\*\*150.00

**DOCUMENT # P03000022664**

1. Entity Name  
**THOMAS JANITORIAL AND CLEANING SERVICES, INC.**



Principal Place of Business      Mailing Address

**5508 N. 50TH STREET  
 STE 24  
 TAMPA FL 33610**      **P. O. BOX 310477  
 TAMPA FL 33680**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**716 W. PLYMOUTH ST.**      **P.O. BOX 310477**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**REAR**      **N/A**

1st MOORE      CR2E034 (10/07)

City & State      City & State

**TAMPA, FLORIDA**      **TAMPA, FLORIDA**

Zip      Country      Zip      Country

**33603 Hillsborough**      **33680 Hillsborough**

4. FEI Number      Applied For

**33-1053201**       Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**OTHA LEE GAINNEY III**

Street Address (P.O. Box Number is Not Acceptable)  
**716 W. PLYMOUTH STREET**

City      State      Zip Code

**TAMPA      FL      33603**

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*      DATE: **MAY 15, 2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when "changing")

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, DOROTHY 5508 N. 50TH STREET TAMPA FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAINNEY, OTHA LEE JR. 5508 N. 50TH STREET TAMPA FL 33610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President OTHA LEE GAINNEY III 716 W. PLYMOUTH STREET TAMPA, FLORIDA 33603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*      DATE: **MAY 15, 2008**      813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #