

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90015 023 \*\*\*150.00

**DOCUMENT # P03000025042**

1. Entity Name  
**JANITORIAL FOR SECURITY SENSITIVE FACILITIES INC.**



Principal Place of Business  
**16042 WILKINSON DRIVE  
CLERMONT, FL 34711**

Mailing Address  
**16042 WILKINSON DRIVE  
CLERMONT, FL 34711**

**50064728**



2. Principal Place of Business  
**3004 Parkway Blvd.**  
Suite, Apt. #, etc. **311**

3. Mailing Address  
**3004 Parkway Blvd.**  
Suite, Apt. #, etc. **311**

07282005 Chg-P CR2E034 (10/03)

City & State  
**Kissimmee, FL**  
Zip **34747** Country

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4. FEI Number  
**65-1176479** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 32301-2960**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **RIOS, LIZAIDA**  
STREET ADDRESS **16042 WILKINSON DRIVE**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **D** ☐ Delete  
NAME **RIOS, HENRY**  
STREET ADDRESS **16042 WILKINSON DRIVE**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☒ Change ☐ Addition  
NAME **Rios, Lizaída**  
STREET ADDRESS **3004 Parkway Blvd. 311**  
CITY-ST-ZIP **Kissimmee, FL. 34747**

TITLE **D** ☒ Change ☐ Addition  
NAME **Rios, Henry**  
STREET ADDRESS **3004 Parkway Blvd. 311**  
CITY-ST-ZIP **Kissimmee, FL. 34747**

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

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

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

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 exemption stated in Section 119.07(3)(i), 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: **Henry Rios** HENRY RIOS -director 8/24/2005 (320)677-0011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #