

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042569

FILED
Apr 22, 2004
Secretary of State

Entity Name: C & S JANITORIAL SERVICES, INC.

Current Principal Place of Business:

1416 CANTON STREET
ORLANDO, FL 32803

New Principal Place of Business:

P.O. BOX 160276
ALTAMONTE SPRINGS, FL 327160276

Current Mailing Address:

P O BOX 533837
ORLANDO, FL 328533837

New Mailing Address:

P O BOX 32716-0276
ALTAMONTE SPRINGS, FL 327160276

FEI Number: 04-3750932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS INC
6955 HANGING MOSS RD
SUITE 106
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS INC
1157 W SR 436
SUITE 105
ALTAMONTE, FL 32714 US

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.

SIGNATURE: DANIEL ALVAREZ

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PUCKETT, SOLANGE D
Address: 1416 CANTON STREET
City-St-Zip: ORLANDO, FL 32803

Title: VP,S (X) Delete
Name: MARTINS, CESAR A
Address: 823 CAMARGO STREET APT 212
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MARTINS, CESAR
Address: P.O BOX 160276
City-St-Zip: ALTAMONTE SPRINGS, FL 327160276

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR MATINS

PTD

04/22/2004

Electronic Signature of Signing Officer or Director

Date