2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								1		
DOCUMENT # P03000048788						FILED				
	E JANITORIAL CONTRAC	ORS, INC.				04 MAY 27 PM 5: 00				
Principal Place of Business 9813 NW 9TH COURT		Mailing Address		OB WE		SECH TALLA	ETARY OF HASSEE, I	STAT FLOR	IDA	
PLANTATION	I, FL 33324	PLANTATION, FL 333	324							
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082003	Chg-P	CR2E034 (1	10/03)			
City & State		City & State		4. FELSUmb	1254	797	 	plied For t Applicable		
Zip	Country	⁷ Zip	Cour	ntry		of Status Desired	Fee F	75 Addi Required	tional I	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and	Address of New F	legistered Agent	t			
MATHIEU, VERNANTE 9813 NW 9TH COURT PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
PLANTAL	ION, FL 33324									
				City			<u> </u>	Zip Code 		
	e named entity submits this statement i tions of registered agent.	for the purpose of changing it	ts register	ed office or reg	gistered agent, or bo	th, in the State of Fl	orida. Tam famili	ar with, a	and accept	
SIGNATURE Signature, rypod or printed name of registives agent and title d applicable. (NOTE: Registered.							DATE			
	Signature, typed of printed harre of registrace age.	,.			righted with the management		DATE			
i	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees	In accordance to corporation did	with s. 607.193 not receive the	(2)(b), F prior n	S., the otice.	
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS	L /CHANGES TO OFF	ICERS AND DIRE	ECTORS	IN 11	
TITLE NAME	D MATTEWS, PETION	☐ Delete	TITL Nam	1				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS ST-ZIP						
TITLE ,	D MATHEN VERMANTE	☐ Delete	TITL		•	٠		Change	Addition	
STREET ADDRESS	9813 NW 91H COURT			EET ADDRESS	r	700037439307				
CITY-ST-ZIP				'-ST-ZIP	06/0	06/01/0401024015 **158.50				
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STREET ADDRESS CITY-ST-ZiP				EET ADDRESS '-ST-ZIP						
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STREET ADDRESS			STR	TET ADDRESS	,			•		
TITLE		☐ Delete	TITL	E		*	··· 🗆 (Change	- Addition	
NAME STREET ADDRESS	1 .			EET ADDRESS						
CITY-\$T-ZIP	certify that the information supplied wi ton this report or supplemental report	th this filing does not qualify f		-ST-ZIP emption stated i	in Section 119.07(3)	(i), Florida Statutes.	I further certify th	at the in	formation	
of the cor	on this report or supplemental report reporation or the receiver or trustee empty, or on an attachment with an address	powered to execute this repor	rt as requ	ture shall have ired by Chapter	the same legal effe r 607, Florida Statuti	ot as if made under es; and that my nam	oath: that I am an e appears in Bloo	officer o	or director Block 11 if	
SIGNAT	URE: SIGNA TURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICE	R OR DIREC	тоя		0/ 20	Daytime	Phone #		
						. 1 '	1			