

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105796

1. Entity Name
JANITECH, INC



FILED
04 DEC 13 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

411 W 18TH COURT
LYNN HAVEN, FL 32444

Mailing Address

411 W 18TH COURT
LYNN HAVEN, FL 32444

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

05042004

Chg-P

CR2E034 (10/03)

4. FEI Number

06-1709299

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAVOS, ROBERT M JR
411 WEST 18TH COURT
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

Name

SAME

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

Robert M Stavos Jr

th

(NOTE: Registered Agent signature required when reinstating)

11/28/09

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PIERCE, TRINA D
STREET ADDRESS 411 WEST 18TH CRT
CITY-ST-ZIP LYNN HAVEN, FL 32444 ☐ Delete

TITLE VP
NAME STAVOS, ROBERT M JR
STREET ADDRESS 411 WEST 18TH CRT
CITY-ST-ZIP LYNN HAVEN, FL 32444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200043370672
12/13/04--01063--025 ***150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200043370672
12/13/04--01063--026 ***8.75

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

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

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

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:

Robert M Stavos Jr
Robert M Stavos

Trina Pierce
Trina Pierce

8502715527
Daytime Phone #

11/28/04

Per our conversation here
w/ another I never loc'd

is the signature needed
back. I want
you.

Jim R

Tracking # 60031513906