

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141313

FILED
Apr 15, 2009
Secretary of State

Entity Name: TOTAL JANITORIAL AND PAINTING SERVICES, INC.

Current Principal Place of Business:

2322 CEDAR GARDEN DR
ORLANDO, FL 32824

New Principal Place of Business:

8339 VIA BELLA NOTTE
ORLANDO, FL 32836

Current Mailing Address:

2322 CEDAR GARDEN DR
ORLANDO, FL 32824

New Mailing Address:

8339 VIA BELLA NOTTE
ORLANDO, FL 32836

FEI Number: 20-0417680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BONNICE, CAROL
2322 CEDAR GARDEN DR.
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

BONNICE, CAROL
8339 VIA BELLA NOTTE
ORLANDO, FL 32836 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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSV () Delete
Name: BONNICE, CAROL
Address: 2322 CEDAR GARDEN DR
City-St-Zip: ORLANDO, FL 32824

Title: VP () Delete
Name: CAROL, BONNICE
Address: 2322 CEDAR GARDEN DR
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: BONNICE, KARINA
Address: 2332 CEDAR GARDEN DR.
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: RAMSBOTT, LUIS E
Address: 2332 CEDAR GARDEN DR
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSV (X) Change () Addition
Name: BONNICE, CAROL
Address: 8339 VIA BELLA NOTTE
City-St-Zip: ORLANDO, FL 32836

Title: VP (X) Change () Addition
Name: CAROL, BONNICE
Address: 8339 VIA BELLA NOTTE
City-St-Zip: ORLANDO, FL 32836

Title: D (X) Change () Addition
Name: BONNICE, KARINA
Address: 8339 VIA BELLA NOTTE.
City-St-Zip: ORLANDO, FL 32836

Title: D (X) Change () Addition
Name: RAMSBOTT, LUIS E
Address: 8339 VIA BELLA NOTTE
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROL BONNICE

PTSV

04/15/2009

Electronic Signature of Signing Officer or Director

Date