


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000043412</b>	
1. Entity Name UTTMOST JANITORIAL, INC.	

Principal Place of Business 4995 NORTH COCOA BLVD. UNIT 199 COCOA, FL 32927	Mailing Address 4995 NORTH COCOA BLVD. UNIT 199 COCOA, FL 32927
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03232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FET Number 55-0861470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UTT, VIRGINIA  
4995 NORTH COCOA BLVD.  
UNIT 199  
COCOA, FL 32927

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000493890 04/20/06-80024-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UTT, VIRGINIA 4995 N COCOA BLVD COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UTT, WALTER 4995 N. COCOA BLVD COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UTT, VIRGINIA 4995 N. COCOA BLVD COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Virginia UTT 4/3/06 321-453-8004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #