2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000043412 1. Entity Name UTTMOST JANITORIAL, INC.

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

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)

4. FEI Number 55-0861470

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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	IN '	THIS	SPA	CE

UTT, VIRG 4995 NOR UNIT 199 COCOA, F	RTH COCOA BLVD.		(KIR TERROTEKAN MALA	NOT WRITE THIS SPACE		
	named entity submits this statement for the pations of registered agent.	ouspose of changing its register	red office or rep	gistered agent, or bo	oth, in the State of Florida. 1 am femili	ar with, and accept
574,771,0112	Signature, typed or printed name of registered eigent and title	it approable. INOTE; Registers	ed Agent agnatura re	equired when remaining)	DATE	
Fit. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May 8e Added to Fees	04/20/06-80024-00	8 150.00
10,	OFFICERS AND DIREC	CTORS	***************************************		de de la deservación de la composición	
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TITLE NAME STREET ADDRESS				n ing katalah Kabupatèn dinakala Kabupatèn	er er freskjale (oktober 1911) 1997 - Gregoria Halles, skrives 1997 - Gregoria Halles	a dipananan anggan

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 it 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.

CITY-ST-DP TITLE NAME STREET ADDRESS DITY-ST-UP

4/3/04 371-453-8004