

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90242 019 ***150.00

DOCUMENT # P04000056030 1. Entity Name INTEGRITY JANITORIAL INC.					
Principal Place of Business 2411 CEDARFIELD LN KISSIMMEE, FL 34744-8456			Mailing Address 2411 CEDARFIELD LN KISSIMMEE, FL 34744-8456		
2. Principal Place of Business 2239 Victoria Falls Dr. Suite, Apt. #, etc.		3. Mailing Address 2239 Victoria Falls Dr. Suite, Apt. #, etc.			
City & State Orlando, FL. Zip 32824		City & State Orlando, FL. Zip 32824		4. FEI Number 16-1697189	
Country Orange		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, LUZ D 2411 CEDARFIELD LN KISSIMMEE, FL 34744-8456			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, JERRY 2411 CEDARFIELD LN KISSIMMEE, FL 347448456 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2239 Victoria Falls Dr. Orlando, FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REYES, LUZ D 2411 CEDARFIELD LN KISSIMMEE, FL 347448456 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2239 Victoria Falls Dr. Orlando, FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			5/1/06 407-967-7321 Date Daytime Phone #		