

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000064964

1. Entity Name
EMAC JANITORIAL SERVICES INC



Principal Place of Business
**9737 MENDEL DR
NEW PORT RICHEY, FL 34654**

Mailing Address
**9737 MENDEL DR
NEW PORT RICHEY, FL 34654**



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0975871

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HECKLER, STEPHEN A
9737 MENDEL DR
NEW PORT RICHEY, FL 34654**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HECKLER, STEPHEN A**
STREET ADDRESS **9737 MENDEL DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **VP**
NAME **HECKLER, VIVIANE**
STREET ADDRESS **9737 MENDEL DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

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04/19/06-80058-019 150.00

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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: *Stephen A. Heckler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 **(727) 848-3217**
Date Daytime Phone #