


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000120992 1. Entity Name ENHANCE JANITORIAL, INC.						FILED 05 JUL 19 PM 3:11 SECRET 11/11/05	
Principal Place of Business 6630 SUMMERHAVEN RIVERVIEW, FL 33569				Mailing Address 6630 SUMMERHAVEN RIVERVIEW, FL 33569			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CRUZ, PATRICIA 6630 SUMMERHAVEN RIVERVIEW, FL 33569				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				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 D <input type="checkbox"/> Delete NAME CRUZ, PATRICIA STREET ADDRESS 6630 SUMMERHAVEN CITY - ST - ZIP RIVERVIEW, FL 33569				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Patricia Cruz</i> PATRICIA CRUZ				7/19/05 (813) 671-8353 <small>Date Daytime Phone #</small>			

FROM :

FAX NO. : 8136777782

Jun. 30 2005 08:57AM P1

Enhance Janitorial, Inc.
6830 Summerhaven Dr.
Riverview, FL 33569

State of Florida,
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

June 30, 2005

RE: Document P04000120992

Dear Examiners,

After finding that our corporation is in the process of being made inactive, I called and spoke to a representative concerning our re-instatement. After explaining the circumstances, I was instructed to write this letter and include the following information:

We had not and have not received the Corporate Annual Report/Uniform Business Report in the mail. We have just received a second notice informing us that the report was late.

We have had the business at the same address since the corporation's inception.

Enclosed is a check for \$150.00. THIS is the amount we were told to remit, along with this letter, to re-instate our corporation with the State of Florida, Division of Corporations.

Your assistance in this matter is greatly appreciated.

Respectfully submitted,
Patricia Cruz

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