

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000147008

1. Entity Name
HEARTLAND JANITORIAL OF DESOTO, INC.



1st MOORE CR2E034 (10/05)

Principal Place of Business
**3701 NE MCINTYRE STREET
ARCADIA FL 34266
US**

Mailing Address
**P.O. BOX 1191
ARCADIA FL 34265
US**

2. Principal Place of Business
3701 NE MCINTYRE ST

3. Mailing Address
P.O. Box 1191

Suite, Apt. #, etc.

City & State
ARCADIA, FL.

Zip
34266

Country
UNITED STATES

4. FEI Number
20-1816873

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**NORRIS, JAMES P
3701 NE MCINTYRE STREET
ARCADIA FL 34266**

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 *[Signature]* **P.O. Norris** **3-15-06**

(NOTE: Registered Agent signature required when constituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	NORRIS, JAMES P		NAME		
STREET ADDRESS	3701 NE MCINTYRE STREET		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **3/15/06 (863) 990-535**