

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000155309

1. Entity Name
G & R JANITORIAL, INC.



FILED
CLERK OF STATE
DIVISION OF CORPORATION

06 MAY -9 PM 2:11

Principal Place of Business
POST OFFICE BOX 516
WOODVILLE, FL 32362

Mailing Address
POST OFFICE BOX 516
WOODVILLE, FL 32362

2. Principal Place of Business
2110 Oakridge Rd. E.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



05092006 Chg-P CR2E034 (11/05)

City & State
Woodville, FL
Zip
32362
Country
Leon

City & State
Zip
Country

4. FEI Number
20-1875824
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, GLYN L
2110 OAK RIDGE ROAD EAST
TALLAHASSEE, FL 32305

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, 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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BROWN, GLYN L
POST OFFICE BOX 516
WOODVILLE, FL 32362 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BROWN, REBECCA C
POST OFFICE BOX 516
WOODVILLE, FL 32362 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900075111903
05/24/06--01005--023 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/06
M. Williams MAY -9 2006