

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90052 009 ***150.00

DOCUMENT # P05000006804

1. Entity Name

WILSON JANITORIAL SERVICES, INC.



Principal Place of Business

1402 ASTOR COMMON PL.
#203
BRANDON FL 33511

Mailing Address

1402 ASTOR COMMON PL.
#203
BRANDON FL 33511



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 20-2268078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, ROBERT JR
~~8508 ANGLERS POINT DR.~~
TEMPLE TERRACE FL 33637

NEW

Name ROBERT WILSON JR
Street Address (P.O. Box Number is Not Acceptable)
1402 ASTOR Commons PL #203
City BRANDON FL Zip Code 33511

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 the filer.

(NOTE: Registered Agent signature required when withdrawing)

DATE

4/6/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WILSON, ROBERT JR
STREET ADDRESS ~~8508 ANGLERS POINT DR.~~ 1402 ASTOR Commons PL. #203
CITY-ST-ZIP ~~TEMPLE TERRACE FL 33637~~ BRANDON FL 33511

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

TITLE STD. ☐ Delete
NAME WILSON, ERMIE L
STREET ADDRESS ~~8508 ANGLERS POINT DR.~~ 1402 ASTOR Commons PL. #203
CITY-ST-ZIP ~~TEMPLE TERRACE FL 33637~~ BRANDON FL 33511

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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: ROBERT WILSON JR Robert Wilson Jr 4/6/08 813 662-0228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #