2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

Sep 11, 2006 8:00 am Secretary of State **DOCUMENT # P05000012766** 09-11-2006 90001 004 ***550.00 1. Entity Name RUFUS JANITORIAL, INC. Principal Place of Business Mailing Address 9441 57TH STREET NORTH 9441 57TH STREET NORTH PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33782 3. Mailing Address PO 60X 2. Principal Place of Business 1442 OAK 84 Suite. Apt. #. etc. Suite, Apt. #, etc. 07212006 CR2E034 (11/05) City & State 4. FEI Number Applied For st.Pete *ARG*6 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired PINELLUS PINELLAS 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33311-4132 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, wood or planted hame of registered agent and the if appread a (NOTE, Registered Agent signature required when renatating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ De ele DDE ☐ Change ☐ Addition KEESE, RUFUS JR HAME STREET ADORESS STREET ADDRESS 9441 57TH STREET NORTH CITY-ST-ZIP CITY-ST ZIP PINELLAS PARK, FL 33782 Delete Change ☐ Addition NILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De ele ☐ Addition TITLE ☐ Change DILE MAME NAME STREET ADDRESS STREET ADORESS CITY ST-ZIP CITY ST ZIP TITLE De ete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Delete TILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

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