2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AN
Secretary of State

ANNUAL REPORT				Secretary of St			
DOCUMENT # P05000068901 1. Entity Name JERRY'S COMMERCIAL MAINTENANCE, INC.				₹		v	
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Principal Place of Business 989 S. R. 434 WEST LONGWOOD, FL 32750 Mailing Address 989 S. R. 434 WEST LONGWOOD, FL 32750 Congress 100 September 100 Sept			-	1 (166)/356 (1)(11	- 	11 July 10 July 1970 (2010) (1 100)	
D	OO NOT WRITE I	CE	03262008 4. FE! Number 20-32833 5. Certificate of	392	E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required		
	6. Name and Address of Current Regis	tered Agent					
COOLEY, R. EDWARD 1450 S.R. 434 WEST SUITE 200 LONGWOOD, FL 32750					NOT WRIT HIS SPAC	•	
8. The above the obligati	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and title		ed office or register Apert signature requirer		in the State of Florida. I a		
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			naing \$5	.00 May Be led to Fees	100000873		
10.	OFFICERS AND DIREC	CTORS			04/15/08-800	144-004 150.00	
NAME STREET ADDRESS CITY-ST 2IP	PD CIPOLLA, GIROLAMO 989 S.R. 434 WEST LONGWOOD, FL 32750		,				
TITLE NAME STREET ADDRESS CHY-SI-ZIP				•		,	
NAME STREET ADDRESS CITY-ST-ZIP				DO i	NOT WRIT	ΓE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		· 	IN T	HIS SPAC	E	
TITLE NAME STREET ADDRESS			1				

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

NAME STREET ADDRESS

NONETURE AND TYPED ON PRINCED NAME OF SIGNING OFFICER OR DIRECTOR