


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90278 014 ***150.00

DOCUMENT # P05000093269 1. Entity Name K & S VACUUMS AND JANITORIAL SUPPLIES, INC.					
Principal Place of Business 2229 N. CITRUS BLVD. LEESBURG, FL 34748			Mailing Address 2229 N. CITRUS BLVD. LEESBURG, FL 34748		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				Name <u>Vance Harbaugh</u> Street Address (P.O. Box Number is Not Acceptable) <u>2229 N. Citrus Blvd</u> City <u>Leesburg</u> FL Zip Code <u>34748</u>	
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 <u>Vance Harbaugh</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HARBAUGH, MYRA C <input type="checkbox"/> Delete 5111 21ST ST. WEST BRADENTON, FL 34207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARBAUGH, Myra <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2229 N. Citrus Blvd Leesburg, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HARBAUGH, VANCE K <input type="checkbox"/> Delete 5111 21ST ST. WEST BRADENTON, FL 34207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Harbaugh, Vance <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2229 N. Citrus Blvd Leesburg, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Myra Harbaugh</u> <u>Myra Harbaugh</u> <u>4/11/06</u> <u>352-326-0234</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					