


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-13-2006 90054 047 ***150.00

DOCUMENT # P05000119289 1. Entity Name JANITORIAL EXPRESS INC.					
Principal Place of Business 6050 HULL ST COCOA, FL 32927			Mailing Address 6050 HULL ST COCOA, FL 32927		
2. Principal Place of Business 110 Griffin Dr. #12-266A Suite, Apt. #, etc.		3. Mailing Address P.O. Box 510093 Suite, Apt. #, etc.			
City & State Cocoa, FL		City & State Melbourne Beach, FL		4. FEI Number 56-2528789	
Zip 32926		Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32926		Country Brevard		6. Name and Address of Current Registered Agent PARSONS, NANCY E 6050 HULL ST COCOA, FL 32927	
7. Name and Address of New Registered Agent Name Nancy E. Parsons Street Address (P.O. Box Number is Not Acceptable) 145 Heron Drive City Melbourne Beach FL		Zip Code 32951			
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><i>Nancy E. Parsons</i></u> DATE <u><i>March 7, 2006</i></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 D NAME PARSONS, NANCY E STREET ADDRESS 6050 HULL ST CITY-ST-ZIP COCOA, FL 32927	<input type="checkbox"/> Delete		TITLE D NAME Parsons, Nancy E. STREET ADDRESS 145 Heron Drive CITY-ST-ZIP Melbourne Beach, FL 32951	<input checked="" 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	
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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><i>Nancy E. Parsons</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>March 7, 2006</i></u> <small>Date Daytime Phone #</small>		