2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037302

Title:

Name:

Address:

City-St-Zip:

Entity Name: JANITORS CLOSET, INC.

FILED Jan 08, 2008 Secretary of State

		10 020021, IIVO.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RIDGE AVE. S PARK, FL 320				
Current Mailing Address:			New Mailing Address:		
	RIDGE AVE. S PARK, FL 320				
FEI Number:	20-4591888	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
QUITEVIS, 331 PARKI ORANGE I	, NANCY RIDGE AVE. S PARK, FL 320	SUITE 2 165 US			
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	QUITEVIS, NAN 331 PARKRIDO) Delete ICY SE AVE SUITE 2 K, FL 32065 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	QUITEVIS, ROI 331 PARKRIDO) Delete NALD SE AVE. SUITE 2 K, FL 32065 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MATTINGLY, C 331 PARKRIDO) Delete HUCK SE AVE. SUITE 2 K, FL 32065 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	QUITEVIS, ROI 331 PARKRIDO) Delete NALD SE AVE, SUITE 2 K, FL 32065 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RONALD QUITEVIS VP/D 01/08/2008

() Delete

331 PARKRIDGE AVE SUITE 2

ORANGE PARK, FL 32065 US

QUITEVIS, NANCY

() Change () Addition