


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90001 023 ***158.75

DOCUMENT # P06000152039	
1. Entity Name FLOOR APEEL JANITORIAL INC	

Principal Place of Business 935 CASCADEA PARK TR DELAND, FL 32720	Mailing Address 935 CASCADEA PARK TR DELAND, FL 32720
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2. Principal Place of Business - No P.O. Box # 32336 Hermitage Dr.	3. Mailing Address 32336 Hermitage Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DeLand, Florida	City & State DeLand, Florida
Zip 32720	Zip 32720
Country USA	Country USA

40130863



08282007 Chg-P CR2E034 (12/06)

4. FEI Number 20-8283641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEEL, DAVID 935 CASCADEA PARK TR DELAND, FL 32720	7. Name and Address of New Registered Agent Name David Peel Street Address (P.O. Box Number is Not Acceptable) 32336 Hermitage Drive City DeLand FL Zip Code 32720
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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 **David Peel** DATE **8-28-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEEL, DAVID M 935 CASCADEA PARK TR DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Peel, David M 32336 Hermitage Dr. DeLand, FL 32720 <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
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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: **David M. Peel** DATE **8-28-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR