## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000000154

Entity Name: SPOTLIGHT JANITORIAL, INC.

PORT ORANGE, FL 32127

City-St-Zip:

FILED Jul 19, 2007 Secretary of State

Littly Na	ille. SPOTLIGH	T JANTORIAL, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	JRE CIRCLE ANGE, FL 3212	7			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	JRE CIRCLE ANGE, FL 3212	7			
FEI Number	:	FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:	
1840 SW 2 4TH FLOC					
	e named entity su e of Florida.	bmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered Age	ent	Date	
	,	2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPT () E SAMMAN, NOURI 169 LEISURE CII PORT ORANGE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DVPS () E SAMMAN, JODIE 169 LEISURE CII	relete	Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

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.

SIGNATURE: NOURI SAMMAN DPT 07/19/2007