2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2008
Secretary of State

DOCUMENT# P07000076575

Entity Name: ADAP JANITORIAL & MANAGEMENT, INC.

Current Principal Place of Business:

709 ST. CROIX COVE
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 881921
PORT ST. LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 26-0472330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST
SUITE 500
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: LEAL, DEBORA
Address: 709 ST. CROIX COVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: D ( ) Delete
Name: LEAL, DEBORA
Address: 709 ST. CROIX COVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: VP ( ) Delete
Name: DOSSANTOS, MARCIA M
Address: 1521 NE 41 ST DRIVE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: DEBORA LEAL P 03/01/2008

Electronic Signature of Signing Officer or Director — Date