

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000109312

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MM SQUARED JANITORIAL SERVICES CORP.

## Current Principal Place of Business:

6360 RODEN COURT  
MOUNT DORA, FL 32757

## New Principal Place of Business:

6360 ROLDEN COURT  
MOUNT DORA, FL 32757

## Current Mailing Address:

6360 RODEN COURT  
MOUNT DORA, FL 32757

## New Mailing Address:

6360 ROLDEN COURT  
MOUNT DORA, FL 32757

FEI Number: 26-3890963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIBBERT, CLEMENTINE M  
6360 RODEN COURT  
MOUNT DORA, FL 32757 US

## Name and Address of New Registered Agent:

HIBBERT, CLEMENTINE M  
6360 ROLDEN COURT  
MOUNT DORA, FL 32757 US

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: CLEMENTINE MARIE HIBBERT

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HIBBERT, CLEMENTINE M  
Address: 6360 RODEN COURT  
City-St-Zip: MOUNT DORA, FL 32757

Title: VP ( ) Delete  
Name: HIBBERT, MICHAEL  
Address: 6360 RODEN COURT  
City-St-Zip: MOUNT DORA, FL 32757

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HIBBERT, CLEMENTINE M  
Address: 6360 ROLDEN COURT  
City-St-Zip: MOUNT DORA, FL 32757

Title: VP (X) Change ( ) Addition  
Name: HIBBERT, MICHAEL  
Address: 6360 ROLDEN COURT  
City-St-Zip: MOUNT DORA, FL 32757

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: CLEMENTINE MARIE HIBBERT

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date