

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90088 041 ***150.00

DOCUMENT # P93000026451	
1. Entity Name ALL CLEAN JANITORIAL SERVICE, INC.	



Principal Place of Business 2500 N. FORSYTH RD. C-1 ORLANDO, FL 32807	Mailing Address P O BOX 678940 ORLANDO, FL 32867
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2. Principal Place of Business 2500 N. FORSYTH RD. Suite, Apt. #, etc. C-31	3. Mailing Address Suite, Apt. #, etc.
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01092004 Chg-P CR2E034 (10/03)

City & State ORLANDO FL	City & State
Zip 32807	Country ORANGE

4. FEI Number 59-3183783	Applied For Not Applicable
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6. Name and Address of Current Registered Agent COPELAND, RICHARD W 631 PALM SPRINGS DRIVE SUITE 106 ALTAMONTE SPRINGS, FL 32701	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 LANG, JAMES D JR 2894 HEATHERSIDE AVE ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James D. Lang Jr. James D. LANG JR 4-19-04 407-275-5166	