


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Mar 12, 2005 08:00 AM  
Secretary of State

DOCUMENT # P93000044075  
1. Entity Name  
P.M.S. COMMERCIAL CLEANING SERVICES, INC.



Principal Place of Business  
140 BARRINGTON DR  
BRANDON, FL 33511 US

Mailing Address  
P O BOX 1711  
BRANDON, FL 33509 US

**DO NOT WRITE IN THIS SPACE**

02162005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0437232 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CONNORS, TIMOTHY P  
140 BARRINGTON DR  
BRANDON, FL 33511

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVTS<br>CONNORS, TIMOTHY P<br>140 BARRINGTON DR<br>BRANDON, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>CONNORS, NANCY<br>140 BARRINGTON DR<br>BRANDON, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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03/12/05-80052-023 150.00

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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: [Signature] 3/9/05 813-654-3816  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #