2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000087553

1. Entity Name
PIONEER JANITORIAL SERVICE OF SUWANNEE VALLEY, INC.

Principal Place of Business	Mailing Address
13333 76TH TERRACE LIVE OAK, FL 32060 US	POST OFFICE BOX 431 LIVE OAK, FL 32064 US

DO NOT WRITE IN THIS SPACE

03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3217900
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JOSEPH H
13333 76TH TERRACE
LIVE OAK, FL 32060

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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 _____ _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000090058
03/16/04-80015-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, CAROL A
STREET ADDRESS	13333 76TH TERRACE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	JOHNSON, JOSEPH H
STREET ADDRESS	13333 76TH TERRACE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	JOHNSON, MONICA D
STREET ADDRESS	13333 76TH TERRACE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	JOHNSON, RICHARD M
STREET ADDRESS	13333 76TH TERRACE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	JOHNSON, BRYAN P
STREET ADDRESS	13333 76TH TERRACE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joseph H Johnson Joseph H Johnson 3-10-04 386-362-3845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #