

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087553

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** PIONEER JANITORIAL SERVICE OF SUWANNEE VALLEY, INC.

**Current Principal Place of Business:**

13333 76TH TERRACE  
LIVE OAK, FL 32060 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 431  
LIVE OAK, FL 32064 US

**New Mailing Address:**

**FEI Number:** 59-3217900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSON, JOSEPH H  
13333 76TH TERRACE  
LIVE OAK, FL 32060 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: D ( ) Delete  
Name: JOHNSON, JOSEPH H  
Address: 13333 76TH TERRACE  
City-St-Zip: LIVE OAK, FL 32060 US

Title: D ( ) Delete  
Name: JOHNSON, RICHARD M  
Address: 7030 SR 249  
City-St-Zip: LIVE OAK, FL 32060 US

Title: D ( ) Delete  
Name: JOHNSON, CAROL P  
Address: 13333 76TH TERRACE  
City-St-Zip: LIVE OAK, FL 32060 US

Title: D ( ) Delete  
Name: JOHNSON, BRYAN M  
Address: 13333 76TH TERRACE  
City-St-Zip: LIVE OAK, FL 32060 US

Title: D ( ) Delete  
Name: JOHNSON, MONICA D  
Address: 13333 76 TERRACE  
City-St-Zip: LIVE OAK, FL 32060 US

**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:

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:** JOSEPH H. JOHNSON

PRES

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date