2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000003277

Entity Name: PRO-CLEAN JANITORIAL SYSTEM, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4411 BEE	RIDGE ROAD				
SUITE 40'					
SARASOI	ГА, FL 34233				
Current N	Mailing Address		New Mailing Addres	ss:	
4411 BEE	RIDGE ROAD				
SUITE 401 SARASOT	1 ΓΑ, FL 34233				
	•	FFI November Applied For ()	FFI November Net Ameliachie ()	Contificate of Status Basined ()	
- EI NUMDer	·: 65-0431080	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
	OMINO TRAIL	US			
The above	e named entity su	bmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.			J J , 11 1 1 1 1 1	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing 1	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title:	P ()D	elete	Title:	() Change () Addition	
Name:	HAY, LINCOLN S		Name:		
Address: City-St-Zip:	7327 PALOMINO SARASOTA, FL 3		Address: City-St-Zip:		
ītle:	VPT ()D	alata	Title:	() Change () Addition	
lame:	HAY, YVONNE C	elete	Name:	() Change () Addition	
\ddress:	7327 PALOMINO	TRAII	Address:		
City-St-Zip:	SARASOTA, FL		City-St-Zip:		
Title:	VP ()D	elete	Title:	() Change () Addition	
lame:	OLLAR, SCOTT		Name:	- • • •	
\ddress:	2309 CADILLAC	STREET	Address:		
City-St-Zip:	SARASOTA, FL 3	34231	City-St-Zip:		
Title:	S ()D	elete	Title:	() Change () Addition	
Name:	OLLAR, CECILE		Name:		
\ddress:	2309 CADILLAC	STREET	Address:		
City-St-Zip:	SARASOTA, FL 3	34231	City-St-Zip:		
Γitle:	AVP ()D	elete	Title:	() Change () Addition	
Name:	HAY, JR., LINCOL	.N S	Name:		
	1792 BAYON DR.				

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.

City-St-Zip:

SIGNATURE: LINCOLN S HAY P 04/29/2009

City-St-Zip: VENICE, FL 34292