


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000022096 1. Entity Name ANDRES AND BOBBYS JANITORIAL SERVICE, INC.	
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Principal Place of Business 2666 NUMILLA DR ORLANDO, FL 32839-5244	Mailing Address 2666 NUMILLA DR ORLANDO, FL 32839-5244
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FBI Number 59-3255374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TATE, TOMMY 2666 NUMILLA DR ORLANDO, FL 32839-5244	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TATE, AGNES D 2666 NUMILLA DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS TATE, TOMMY L 2666 NUMILLA DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM TATE, BOBBY L 5256 AIRPARA DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TATE, ANDRE 5659 NOKOMIS DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/05/04-80054-003 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Tommy Tate* 01/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #