


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90003 001 ***150.00

DOCUMENT # P94000035468			
1. Entity Name BIG JOHN'S JANITORIAL SUPPLIES, INC.			
Principal Place of Business 12329 HIGHWAY 301 DADE CITY, FL 33525		Mailing Address 12329 HIGHWAY 301 DADE CITY, FL 33525	
2. Principal Place of Business 12325 HIGHWAY 301		3. Mailing Address 12325 HIGHWAY 301	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DADE CITY		City & State DADE CITY FL	
Zip FL	Country PASCO	Zip 33525	Country USA
6. Name and Address of Current Registered Agent FAUGHNAN, JOHN B 39839 SUNBURST DRIVE DADE CITY, FL 33525		7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAUGHNAN, JOHN B 39839 SUNBURST DRIVE DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAUGHNAN, JOHN J 39945 SUNBURST DR DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 538 St. John's, Mi. 48879
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAUGHNAN, LAUREL 39839 SUNBURST DRIVE DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Laurel Faughnan</u>		Date: _____ Daytime Phone #: 352-521-5643	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

50000450



01042005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3242709 Applied For
Not Applicable

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