


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90023 008 ***150.00

DOCUMENT # P94000077646 1. Entity Name MAKO JANITORIAL INC.	
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Principal Place of Business % TIMOTHY A. PRICE 134 SE 15TH TER CAPE CORAL, FL 33990	Mailing Address % TIMOTHY A. PRICE 134 SE 15TH TER CAPE CORAL, FL 33990
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40019093



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0534466	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

PRICE, TIMOTHY A
134 SE 15TH TER
CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

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 Timothy A Price (NOTE: Registered Agent signature required when reinstating) DATE 2/10/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, TIMOTHY A 134 SE 15TH TER CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, MARGARET S 134 SE 15TH TER CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, AARON B 1814 SW SANTA BARBARA PL #1 CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Timothy A Price SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/10/05 DAYTIME PHONE # 239 573-8288