


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90037 038 ***150.00

DOCUMENT # P94000077646 1. Entity Name MAKO JANITORIAL INC.					
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		
2. Principal Place of Business - No P.O. Box # % Julie Price		3. Mailing Address % Julie Price			
Suite, Apt. #, etc. 2240 SW 2nd Terrace		Suite, Apt. #, etc. 2240 SW 2nd Terrace			
City & State Cape Coral, FL		City & State Cape Coral, FL			
Zip 33991		Country Lee		Zip 33991	
Country Lee		4. FEI Number 65-0534466			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PRICE, TIMOTHY A 134 SE 15TH TER CAPE CORAL, FL 33990			7. Name and Address of New Registered Agent Name Julie Price Street Address (P.O. Box Number is Not Acceptable) 2240 SW 2nd Terrace City Cape Coral FL Zip 33991		
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 <u><i>Julie Price Julie Price President</i></u> DATE <u><i>4-5-08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <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	D PRICE, TIMOTHY A 134 SE 15TH TER CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Julie Price 2240 SW 2nd Terrace Cape Coral, FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRICE, MARGARET S 134 SE 15TH TER CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Kevin Hamm 2240 SW 2nd Terrace Cape Coral, FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>Julie Price Julie Price</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4-5-8</i></u> Daytime Phone # <u><i>239-573-8288</i></u>		