2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # **P94000077680**

1. Entity Name

RELIABLE JANITORIAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
4709 SHALE PL TAMPA FL 33615 US	4709 SHALE PL TAMPA FL 33615 US

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3286270 | Applied For / Not Applicab'

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, MARY L 4709 SHALE PL TAMPA FL 33615	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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: GARCIA, MARY L STREET ADDRESS: 4709 SHALE PL CITY-ST-ZIP: TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000298990 04/11/05--80082--024 150.00	☐ Change ☐ Addition
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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: *Mary L. Garcia*   Mary L. Garcia   3/31/05   (813) 889-0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #