## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 05, 2004 08:00 AM Secretary of State DOCUMENT # P94000082894 1. Entity Name WHITE ROSE JANITORIAL, INC. Principal Place of Business Mailing Address 500 PALM ST. 500 PALM ST. STE 31 STE 31 W. PALM BCH., FL 33401 US W. PALM BCH., FL 33401 US 03252004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0538776 V Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, JAMES DO NOT WRITE 500 PALM ST 31 WEST PALM BEACH, FL 33401 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. James S. 3/25/04 Johnson SIGNATURE. (NOTE Registered Agent signature required when reinstating) gestered agont and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE JOHNSON, JAMES NAME U00000103746 STREET ADDRESS 129 SUMMA ST 04/05/04-80069-008 150.00 CITY - ST - ZIP WEST PALM BEACH, FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TRUE NAME STREET ADDRESS CITY - ST - ZIP TELLE NAME

12. I hereby certify that the information supplied with this filling 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 path; 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:

STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

REACH TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

James S. Johnson /President 3/25/04 (561)655-8891

**FILED**