2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

DOCUMENT # P96000007498				-	•	
1. Entity Name PREMIER JANITORIAL SUPPLY, INC.						
Principal Place of Business Mailing Address 1339 BENNETT DRIVE, #105 1339 BENNETT DRIVE, #105 LONGWOOD, FL 32750 LONGWOOD, FL 32750						
						
DO NOT WRITE IN THIS SPAC				01202005 No Chg-P	CR2E034 (10/03)	
			CE	4. FEI Number	Applied For	
				59-3359986 5. Certificate of Status Desired	Not Applicable	
	6. Name and Address of Current Regis	stered Agent	9 1/2 2 B	3. Carmicate of Status Desired	Fee Required	
GRUNDHOEFER, KATHY 1339 BENNETT DRIVE, #105 LONGWOOD, FL 32750				DO NOT W	RITE	
			IN THIS SPACE			
				in iino or	ACL	
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 9. Election Campaign Financing \$5.00 May Be Added to Fees						
10. TITLE	OFFICERS AND DIRE	CTORS				
NAME STREET ADDRESS	GRUNDHOEFER, KATHY 1339 BENNETT DRIVE, #105	:				
CITY-ST-ZIP	LONGWOOD, FL 32750		====-	Hooror	inkariar	
NAME			<u>'</u>	000000 04/28/05-	0340707 -80129-010 15000	
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morcared	perify that the information supplied with this fit on this report or supplemental report is true a paration or the receiver or trustee empowered	and accurate and that my signati	ire spall bave the si	ame lacal ettect as it made udder d	rath that I am an officer or director 1	
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: Y . X . X . X . X . X . X . X . X . X .						