

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90332 008 ***150.00

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1. Entity Name

AINSLEY'S-PORTER AND JANITORIAL SERVICES, INC.

Principal Place of Business

2020 W. MCNAB RD
STE 122
FORT LAUDERDALE FL 33309

Mailing Address

P O BOX 15095
PLANTATION FL 33318

2. Principal Place of Business

Suite, Apt. #, etc.

103

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0831352

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, NEOLA
2020 W. MCNAB RD
STE 122
FT. LAUDERDALE FL 33069

7. Name and Address of New Registered Agent

Name

Neola Edwards

Street Address (P.O. Box Number is Not Acceptable)

2020 W. MCNAB RD

Suite 103

City

FT. LAUDERDALE

FL

Zip Code

33309

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

Neola Edwards

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-05

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

TITLE: ☐ Delete
NAME: HAUGHTON, AINSLEY
STREET ADDRESS: 2543 NW 49 AVE #203
CITY-ST-ZIP: LAUDERDALE LAKES FL 33313

TITLE: ☐ Delete
NAME: PS
STREET ADDRESS: EDWARDS, NEOLA
CITY-ST-ZIP: 12621 NW 14TH ST
SUNRISE FL 33323

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 605 SW 65 AVE
CITY-ST-ZIP: Margate, FL 33068

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 3101 NW 47 terrace Bldg 4 -#227
CITY-ST-ZIP: Lauderdale lakes, FL 33319

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

Neola Edwards - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-05

Date

931-946-9484

Daytime Phone #