

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000078473

1. Entity Name
JANITORIAL MANAGEMENT PROFESSIONALS, INC.



Principal Place of Business
CALDER RACE COURSE
21001 NW 27 AVE
OPA LOCKA, FL 33056 US

Mailing Address
4405 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0862631

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PIERPONT, J M
4405 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982

**DO NOT WRITE
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.

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PIERPONT, J M
STREET ADDRESS 4405 S. INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE SD
NAME PIERPONT, MARIA H
STREET ADDRESS 4405 S. INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE VD
NAME DRISCOLL, JOHN J
STREET ADDRESS 7462 PINEWALK DR. SO.
CITY-ST-ZIP MARGATE, FL 33063

TITLE T
NAME LYNCH, ANNE M
STREET ADDRESS 715 KEARNEY RD
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000068712
02/27/04-80053-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

224-04 305 474 9464
712 466 5865