

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90055 019 ***150.00

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
5205 BIRCH DR
FORT PIERCE FL 34982-3823



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-0862631

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

5205 Birch Dr.

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

1-31-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PD
NAME PIERPONT, J M
STREET ADDRESS 5205 BIRCH DRIVE
CITY- ST- ZIP FORT PIERCE FL 34982 ☐ Delete

TITLE SD
NAME PIERPONT, MARIA H
STREET ADDRESS 5205 BIRCH DRIVE
CITY- ST- ZIP FORT PIERCE FL 34982 ☐ Delete

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

TITLE T
NAME GALLAGHER, ANNA MARIE
STREET ADDRESS 715 KEARNEY RD
CITY- ST- ZIP FORT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

J.M. Pierpont

Date

Daytime Phone #

1-31-07 3054749464