2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000099736

1. Entity Name

TAGGART'S JANITORIAL INC.



FILED Apr 20, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1011 7TH ST.

CASSELBERRY, FL 32707

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CASSELBERRY, FL 32707



DO NOT WRITE IN THIS SPACE

03312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3544892

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAGGART, THOMAS JR. 1011 7TH ST. CASSELBERRY, FL 32707			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					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	ŀ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAGGART, THOMAS JR 1011 7TH ST CASSELBERRY, FL 32707				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000719528 05/01/07-80069-001 150.00

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Aul. Jose

Thomas A

A Taggart

3-20-07

407-699-042

Date

Daytime Phone #