
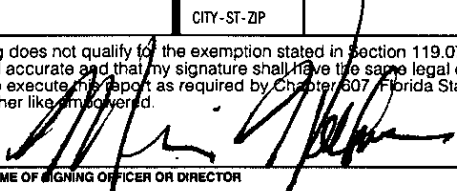


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90035 013 \*\*\*150.00

<b>DOCUMENT # P98000106278</b> 1. Entity Name <b>JANITORIAL CONSULTANTS, INC.</b>					
Principal Place of Business <b>17511 TALLY HO COURT ODESSA, FL 33566</b>			Mailing Address <b>17511 TALLY HO COURT ODESSA, FL 33566</b>		
2. Principal Place of Business <b>1929 Floresta View Dr.</b> Suite, Apt. #, etc.			3. Mailing Address <b>1929 Floresta View Dr.</b> Suite, Apt. #, etc.		
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>59-3551796</b>	
Zip <b>33618</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HELLMAN, MERVIN 17511 TALLY HO COURT ODESSA, FL 33566</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1929 Floresta View Drive</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33618</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HELLMAN, MERVIN 17511 TALLY HO COURT ODESSA, FL 33566</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hellman, Mervin 1929 Floresta View Drive Tampa, FL 33618</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 information.					
<b>SIGNATURE: Mervin Hellman</b>  <b>7/23/04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**54064938**



07212004 Chg-P CR2E034 (10/03)

Attachment

54064938

**J. RICHARD CLAVILLE, P.A.**

**CERTIFIED PUBLIC ACCOUNTANT**

MEMBER

FLORIDA INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS

AMERICAN INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS

July 21, 2004

Florida Department of State  
Division of Corporations  
P O Box 6198  
Tallahassee, Florida 32314-6198

RE: Janitorial Consultants, Inc.  
Document Number P 98000106278  
Form: Corporate Annual Report  
Period: 2004

Dear Sirs:

The sole shareholder of the above corporation suffered the loss of his wife in the spring of 2003 and later sold his residence and moved. The taxpayer did not receive this postcard notice for the renewal for the annual report. Therefore, I am enclosing a signed annual report and a check in the amount of \$150 for the renewal fee. I am requesting the late penalty of \$400 be abated.

Thank you for your consideration of this request.

Yours truly,

  
J. Richard Claville, P.A.

Enclosures