

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90104 006 \*\*\*150.00

DOCUMENT # P99000074084

1. Entity Name

JERRY STANLEY'S JANITORIAL  
SERVICE



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

ST. LUCIE COUNTY

3. Mailing Address

6009 BIRCH DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT PIERCE, FLA

City & State

4. FEI Number

65-1015596

Applied For

Not Applicable

Zip

Country

Zip

Country

34982

ST. LUCIE

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

JERRY STANLEY

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

6009 BIRCH DR

City

FT. PIERCE

FL

Zip Code

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

Jerry Stanley PRESIDENT

4-16-06

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
JERRY STANLEY  
6009 BIRCH DR  
FT PIERCE, FLA 34982

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY-TREASURE  
DEBORAH STANLEY  
6009 BIRCH DR  
FT PIERCE, FLA 34982

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

Jerry Stanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-06 772-464-2274

Date

Daytime Phone #