

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90038 032 \*\*\*150.00

**DOCUMENT # P99000093318**

1. Entity Name

JANITORIAL ONE, INC.



Principal Place of Business

4119 N. STATE ROAD 7, SUITE 8999  
LAUDERDALE LAKES FL 33319

Mailing Address

4119 N. STATE ROAD 7, SUITE 8999  
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

3900 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

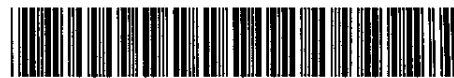
101

3. Mailing Address

3900 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

101



MOORE

CR2E034 (11/03)

City & State

FORT LAUDERDALE - FL.

City & State

FORT LAUDERDALE, FL.

Zip

33309

Country

U.S.A.

Zip

33309

Country

U.S.A.

4. FEI Number

65-0954813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEDRO, CHESTER A  
4119 N. STATE ROAD 7, SUITE 8999  
LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent

Name

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

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 PSD ☐ Delete  
NAME PEDRO, CHESTER A  
STREET ADDRESS 4119 N. STATE ROAD 7, SUITE 8999  
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

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

*Chester A. Pedro* - CHESTER A. PEDRO

3/22/04

Date

954-777-9991

Daytime Phone #