


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90072 020 ***150.00


50065781



DOCUMENT # P99000102102					
1. Entity Name JANITORIAL COMMERCIAL SERVICES, INC.					
Principal Place of Business 15870 PINE RIDGE RD #3 FORT MYERS, FL 33908		Mailing Address 15870 PINE RIDGE RD #3 FORT MYERS, FL 33908			
2. Principal Place of Business <i>15651 Pine Ridge Road</i>		3. Mailing Address <i>15651 Pine Ridge Rd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>FT. Myers FL</i>		City & State <i>FT. Myers FL</i>		4. FEI Number 65-0961316	
Zip <i>33908</i>	Country <i>USA</i>	Zip <i>33908</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARY, DAVID W 1325 C DEL PRADO BLVD. CAPE CORAL, FL 33990			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DERHODES, MICHAEL		NAME	DAVID W. CARY	
STREET ADDRESS	15870 PINE RIDGE RD #3		STREET ADDRESS	1325 C DEL PRADO BLVD S	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DERHODES, DOROTHY		NAME	Derhodes, Michael	
STREET ADDRESS	15870 PINE RIDGE RD #3		STREET ADDRESS	15651 Pine Ridge Rd.	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FT. MYERS FL 33990	
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME	Derhodes, Dorothy	
STREET ADDRESS			STREET ADDRESS	15651 Pine Ridge Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	FT. MYERS, FL 33990	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____		Date: <i>9/6/05</i>		Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P99000102102 1. Entity Name JANITORIAL COMMERCIAL SERVICES, INC.		
Principal Place of Business 15870 PINE RIDGE RD #3 FORT MYERS, FL 33908		Mailing Address 15870 PINE RIDGE RD #3 FORT MYERS, FL 33908
2. Principal Place of Business 15651 Pine Ridge Road Suite, Apt. #, etc.		3. Mailing Address 15651 Pine Ridge Rd Suite, Apt. #, etc.
City & State Ft. Myers FL		City & State Ft. Myers FL
Zip 33908		Country USA
4. FEI Number 65-0961316		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CARY, DAVID W 1325 C DEL PRADO BLVD. CAPE CORAL, FL 33990		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 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	PTD DERHODES, MICHAEL 15870 PINE RIDGE RD #3 FORT MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	5 DAVID W. CARY 1325 C DEL PRADO BLVD. S CAPE CORAL FL 33990
	<input type="checkbox"/> Delete	PTD Derhodes, Michael 15651 Pine Ridge Rd. Ft. Myers FL 33990
	<input type="checkbox"/> Delete	5 Derhodes, Dorothy 15651 Pine Ridge Rd. Ft. Myers, FL 33990
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 9/6/05 <small>Date</small>

50065781

JANITORIAL COMMERCIAL SERVICES, INC

Phone 941-418-1993
15870 Pine Ridge Road, Ste 4
Fort Myers, FL 33908

ATTACHMENT

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50065781
#P99000102102 DATE 8-6-05

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Secretary of STATE

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