## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Sep 08, 2005 8:00 am Secretary of State **DOCUMENT # P99000102102** 09-08-2005 90072 020 \*\*\*150.00 JANITORIAL COMMERCIAL SERVICES, INC. Principal Place of Business Mailing Address 15870 PINE RIDGE RD 15870 PINE RIDGE RD 50065781 FORT MYERS, FL 33908 FORT MYERS, FL 33908 2. Principal Place of Bosi ess 5651 5651 07142005 CR2E034 (10/03) Chg-P Applied For 4. FEI Number 65-0961316 Not Applicable \$8.75 Additional 4.1. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARY, DAVID W Street Address (P.O. Box Number is Not Acceptable) 1325 C DEL PRADO BLVD. CAPE CORAL, FL 33990 City 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, broad or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PTD ☐ Delete TITLE Change Addition DERHODES, MICHAEL NAME NAME DAVIDW.CAM 315 CDEI PILA DOBIVE.S STREET ADDRESS 15870 PINE RIDGE RD #3 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition DERHODES, DOROTHY NAME NAME 15870 PINE RIDGE RD #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP TITI F ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete .... TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME: 1 75 75 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change 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 tode and accurate any that rily 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 trusted empowered to execute this propor 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 ther like provided. SIGNATURE:

FILED

Davime Phone #

2005 FOR PROFIT CORPORATION ATTACHMENT

	ANNUAL	KEPOKI						
DOCU	MENT # P990001021	02 )						
1. Entity Name								
JANITORIAL COMMERCIAL SERVICES, INC.								
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Principal Plac	ce of Business	Mailing Address	<u> </u>					
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#3 FORT MYER	S, FL 33908	#3 Fort Myers, FL 33908			300	03	<u> </u>	
	Ro	AD				,		
2. Principal F	Place of Bosiness	3. Mailing Address,	i)	125				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Kinge			· · · · · · · · · · · · · · · · · ·		
		· · ·		07142005	Chg-P	CR2E034	(10/03)	
Clive Sta	"Myers H.	City & State	12	4. FEI Numb	-			plied For
Zip	Country .		ountry	<b>-</b> 65-096		_ \$8	.75 Add	t Applicable
33	108   US/+	23906 C	USF	5. Certificate	of Status Desired		Require	
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and	Address of New R	egistered Age	nt	
CARY, DA	VID W		Name					
1325 C DE	1325 C DEL PRADO BLVD.			Street Address (P.O. Box Number is Not Acceptable)				
CAPE CO	RAL, FL 33990				<u> </u>			
			City			<b>-</b>	Zip Code	
D T			-			FL		
the obliga	a named entity submits this statement for the titions of registered agent.	ne purpose of changing its regis	tered office or	registered agent, or bo	oth, in the State of Flo	rida. I am fam	iliar with,	and accept
LOCHATURE				•				
SIGNATURE.	Signature, typed or printed name of registered agant and	title if applicable. (NOTE: Regis	itered Agent signatur	e required when reinstating)		DATE		<del></del>
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10.	OFFICERS AND DI	PECTOR	14	10017010				
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12. Literahy o	pertify that the information cupation will	diling does not qualify the o	ITY-\$T-ZIP	dia Capian dia asia	3 Florida October	I alta a		
indicated	certify that the information supplied with the on this report or supplemental report is to contain or the reserver or tausting or the reserver.	in and accurate and that my sign	xemption state nature shall ha	o in Section 119.07(3) ve the same legal effec	<ol> <li>riorida Statutes. I it as if made under o</li> </ol>	further certily to ath; that I am a	hat the int n officer o	formation or director
changed,	on this report or supplemental report is tre poration or the receiver or trustee empower or on an attachment with an address, with	all other like empowered.	trilled by Chap	iter 607, Florida Statute	s; and that my name *	appears in Blo	ock 10 or	Block 11 if
	1/1/2	171/6	_	9/1	120			
SIGNAT	UHE:	une	7	1/4	101			

	NC ATTACHMENT	3613
JANITORIAL COMMERCIAL SERVICES, II Phone 941-418-1993 15870 Pine Ridge Road, Ste 4 Fort Myers, FL 33908	# 199000102102 8-6-05	63-466/831
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AMSOUTH BANK THE RELATIONSHIP PEOPLE CORPORATE REVEUL	modeRhodes	AP

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