

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

07-19-2006 90005 025 \*\*\*150.00

**DOCUMENT # P99000102102**

1. Entity Name  
JANITORIAL COMMERCIAL SERVICES, INC.



Principal Place of Business  
15651 PINE RIDGE ROAD  
FORT MYERS, FL 33908

Mailing Address  
15651 PINE RIDGE ROAD  
FORT MYERS, FL 33908

40100026



07102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0961316

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

**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

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
DERHODES, MICHAEL  
15651 PINE RIDGE RD  
FT MYERS, FL 33990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
DERHODES, DOROTHY  
15651 PINE RIDGE RD  
FT MYERS, FL 33990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CARY, DAVID W  
1325 C DEL PRADO BLVD S  
CAPE CORAL, FL 33990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Date

Daytime Phone #

7-11-05