2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000103357

1. Entity Name
TOLLIVER'S JANITORIAL SERVICE, INC.

Principal Place of Business	Mailing Address
2235 SOUTEL DRIVE JACKSONVILLE, FL 32208	2235 SOUTEL DRIVE JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE

03012003   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3610300	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOLLIVER, NATHANIEL
2235 SOUTEL DRIVE
JACKSONVILLE, FL 32208

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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 *Nathaniel Tolliver*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 5/7/04

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	TOLLIVER, NATHANIEL
STREET ADDRESS	2235 SOUTEL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	·
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500036547335
05/18/04--01038--017 **550.00

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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: *Nathaniel Tolliver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/04   904/764-7698

Date   Daytime Phone #