


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S77320</b> 1. Entity Name <b>MARTIN COUNTY JANITORIAL SUPPLY, INC.</b>	
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Principal Place of Business <b>1282-1284 SW 34TH ST PALM CITY, FL 34990 US</b>	Mailing Address <b>P O BOX 845 PALM CITY, FL 34991-0845 US</b>
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0286459</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**FLYNN, NANCY  
389 S.W. 35TH ST.  
PALM CITY, FL 34990**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FLYNN, JOSEPH L 389 SW 35TH ST PALM CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS FLYNN, NANCY G 389 SW 35TH ST PALM CITY, FL
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Nancy G. Flynn **Nancy G. Flynn** **Jan. 9, 2004** **772-283-6141**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #