2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # S77320

1. Entity Name
MARTIN COUNTY JANITORIAL SUPPLY, INC.

Principal Place of Business	Mailing Address
1282-1284 SW 34TH ST PALM CITY, FL 34990 US	P O BOX 845 PALM CITY, FL 34991-0845 US

01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0286459
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
(Signature of new registered agent, if changed) (Name of new registered agent, if changed, typed or printed)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FLYNN, JOSEPH L
STREET ADDRESS	389 SW 35TH ST
CITY ST ZIP	PALM CITY, FL
TITLE	DTS
NAME	FLYNN, NANCY G
STREET ADDRESS	389 SW 35TH ST
CITY ST ZIP	PALM CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

01/25/06-80028-022 150.00

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 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. 16, 2006 772-283-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #