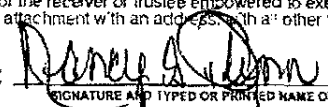


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # S77320		
1. Entity Name MARTIN COUNTY JANITORIAL SUPPLY, INC.		
Principal Place of Business 1282-1284 SW 34TH ST PALM CITY, FL 34990 US		Mailing Address P O BOX 845 PALM CITY, FL 34991-0845 US
DO NOT WRITE IN THIS SPACE		
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: _____ Signature is underlined name of registered agent and the fees paid. (FEE is required of agent signature required when changing)		
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		DO NOT WRITE IN THIS SPACE
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		
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		Jan. 16, 2006 772-283-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0286459	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

01/25/06-80028-022 150.00