

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S77320

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** MARTIN COUNTY JANITORIAL SUPPLY, INC.

**Current Principal Place of Business:**

1282-1284 SW 34TH ST  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 845  
PALM CITY, FL 349910845 US

**New Mailing Address:**

**FEI Number:** 65-0286459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FLYNN, JOSEPH L  
Address: 389 SW 35TH ST  
City-St-Zip: PALM CITY, FL

Title: DTS ( ) Delete  
Name: FLYNN, NANCY G  
Address: 389 SW 35TH ST  
City-St-Zip: PALM CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY G. FLYNN

DTS

01/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date