

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141126

Entity Name: C J & J SERVICES CORP

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

448 PALM DRIVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

448 PALM DRIVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 05-0592260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHOADES, CALE
448 PALM DRIVE
SANFORD, FL 32771 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: P () Delete
Name: RHOADES, CALE
Address: 448 PALM DRIVE
City-St-Zip: SANFORD, FL 32771

Title: V () Delete
Name: RHOADES, JEANNIE
Address: 448 PALM DRIVE
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: KINNAN, SCOTT
Address: 731 S. CARPENTER
City-St-Zip: ORANGE CITY, FL 32763

Title: T () Delete
Name: RHOADES, JOSHUA
Address: 448 PALM DRIVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: KINNAN, SCOTT
Address: 731 S. CARPENTER
City-St-Zip: ORANGE CITY, FL 32763

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: CALE RHOADES

P

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date