


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

| | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # J05143 1. Entity Name JOJELS SERVICE CORPORATION |  |
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|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business P.O. BOX 917512 LONGWOOD, FL 32791-7512 | Mailing Address P.O. BOX 917512 LONGWOOD, FL 32791-7512 |
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03132007 No Chg-P CR2E034 (11/05)

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|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number 59-2651617 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

PAGANO, MARY LOU
204 WESSEX ROAD
ALTAMONTE SPRINGS, FL 32714

**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, 2007 Fee will be \$550.00

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

U00000668508

03/27/07-80035-004 150.00

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|----------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD PAGANO, MARY LOU 204 WESSEX RD. ALTAMONTE SPG, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PAGANO, JOSEPH 204 WESSEX RD ALTAMONTE SPG, FL |
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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: Mary Lou Pagano, Inc. Mary Lou Pagano 3/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #