2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000018153

1. Entity Name
JAN VALLE COORDINATION SERVICES, INC.

Principal Place of Business	Mailing Address
9068 QUAIL CREEK DR TAMPA, FL 33647	PO BOX 47748 TAMPA, FL 33647

2. Principal Place of Business - No P.O. Box # *19285 Stone Hedge Dr.*	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State *Tampa FL*	City & State	**4.** FEI Number 59-3712621 — Applied For / Not Applicable
Zip *33647* / Country	Zip *33646* / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
VALLE, JAN 9068 QUAIL CREEK DRIVE TAMPA, FL 33647	Name Street Address (P.O. Box Number is Not Acceptable) *19285 Stone Hedge Dr.* City *Tampa* FL Zip Code *33647*

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 _____   *3-31-08*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

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10. OFFICERS AND DIRECTORS | **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VALLE, JANICE A		NAME		
STREET ADDRESS	9068 QUAIL CREEK DRIVE		STREET ADDRESS	*19285 Stone Hedge Dr.*	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	*Tampa, FL 33647*	

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____   *3-31-08 813-53...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

03312008   Chg-P   CR2E034 (12/06)