


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90197 019 ***150.00

DOCUMENT # P01000044205	
1. Entity Name J B L CLEANING SERVICES, INC.	

Principal Place of Business 12372 JESS WALDEN RD DOVER, FL 33527-4907	Mailing Address 12372 JESS WALDEN RD DOVER, FL 33527-4907
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2. Principal Place of Business - No P.O. Box # 2812 Bryan Rd.	3. Mailing Address 2812 Bryan Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Brandon, Florida	City & State Brandon, Florida
Zip 33511	Zip 33511
Country USA	Country USA

40085958



01262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent WINKLER, ENDIA 12372 JESS WALDEN RD DOVER, FL 33527-4907		7. Name and Address of New Registered Agent Name: Kimberly Kull Street Address (P.O. Box Number is Not Acceptable): 2812 Bryan Rd. City: Brandon FL Zip Code: 33511	
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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: Kimberly Kull DATE: 3/27/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD WINKLER, ENDIA 12372 JESS WALDEN RD DOVER, FL 335274907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KULL, KIMBERLY 2812 BRYAN RD BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kimberly Kull Kimberly Kull 3/27/07 (813)689-1012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #