

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000068071

1. Entity Name
PURE JAN SERVICES, INC.



Principal Place of Business
**5525 TERRAIN DE GOLF DRIVE
 LUTZ, FL 33549**

Mailing Address
**5525 TERRAIN DE GOLF DRIVE
 LUTZ, FL 33549**

DO NOT WRITE IN THIS SPACE



01222006 No Chg-P CR2E034 (11/05)

4. FEI Number **04-3585510** Applied For
 Not Applicable

8. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BUCHANAN, MAXINE W
 5525 TERRAIN DE GOLF DRIVE
 LUTZ, FL 33549**

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

**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

10. OFFICERS AND DIRECTORS

TITLE **D**
 NAME **BUCHANAN, MAXINE W**
 STREET ADDRESS **5525 TERRAIN DE GOLF DRIVE**
 CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **D**
 NAME **BUCHANAN, JENNIFER**
 STREET ADDRESS **5525 TERRAIN DE GOLF DRIVE**
 CITY-ST-ZIP **LUTZ, FL 33549**

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 05/03/06-80026-021 150.00

**DO NOT WRITE
 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: Maxine W. Buchanan MAXINE W. BUCHANAN 4/14/06 948-4137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #