

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90044 033 ***150.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3585510	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCHANAN, MAXINE W 5525 TERRAIN DE GOLF DRIVE LUTZ, FL 33549				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u><i>Maxine W. Buchanan</i></u> 7/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, MAXINE W 5525 TERRAIN DE GOLF DRIVE LUTZ, FL 33549	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, JENNIFER 5525 TERRAIN DE GOLF DRIVE LUTZ, FL 33549	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Maxine W. Buchanan</i></u> 7/23/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40126300



07172007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

FL Zip Code

DATE

☐ Change ☐ Addition

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Date

Daytime Phone #

ATTACHMENT

40126968
~~#P01000068071~~

7/23/08

TO DIVISION OF CORPORATION, I MAXINE W. BUCHANAN
OWNER OF PURE JAN SERVICE INC.

MAIL IN MY ANNUAL REPORT ALONG WITH
\$150.00 CHECK (#1081) ON 4/12/07 AND I
GOT A NOTICE OF INTENT TO DISSOLVE.
MAYBE IT GOT LOST IN THE POSTAL SYSTEM.
PLEASE WAIVE THE LATE FEE, I ALSO
PUT A STOP PAYMENT ON CK#1081. A NEW
CHECK IS ISSUE.

THANKS

Max Buchanan