


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P01000068071 1. Entity Name PURE JAN SERVICES, INC. |  |
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| Principal Place of Business 5525 TERRAIN DE GOLF DRIVE LUTZ, FL 33549 | Mailing Address 5525 TERRAIN DE GOLF DRIVE LUTZ, FL 33549 |
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 04-3585510 | 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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUCHANAN, MAXINE W 5525 TERRAIN DE GOLF DRIVE LUTZ, FL 33549 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUCHANAN, JENNIFER 5525 TERRAIN DE GOLF DRIVE LUTZ, FL 33549 |
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05/06/08-80019-021 150.00

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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* 4/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #