

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000013454

1. Entity Name
L.J.'S COMPLETE INTERIOR/EXTERIOR SERVICES, INC.



Principal Place of Business

**1840 CORAL WAY
FOURTH FLOOR
MIAMI, FL 33145**

Mailing Address

**POST OFFICE BOX 82335
TAMPA, FL 33682**



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3600882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000346840

04/30/05-80091-025 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACKSON, LEONARD L
STREET ADDRESS	1840 CORAL WAY FOURTH FLOOR
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	VSTD
NAME	JACKSON, TEZE R
STREET ADDRESS	1840 CORAL WAY FOURTH FLOOR
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD JACKSON

4/27/05 (813) 601 6075

Date

Daytime Phone #