STREET ADDRESS

CITY-ST-ZIP

2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 8:00 am Secretary of State DOCUMENT # P02000087156 04-28-2005 90197 026 ***150.00 1. Entity Name T & J QUALITY CLEANING SERVICE, INC. Principal Place of Business Mailing Address 2243 CYPRESS LANDING DR. 2243 CYPRESS LANDING DR. ATLANTIC BEACH, FL 32233 US ATLANTIC BEACH, FL 32233 US 2. Principal Place of Business 3. Mailing Address Beauer St Beauer St 10201 10201 W 03212005 CR2E034 (10/03) Chg-P JS 25-2 10t 352 City & State Applied For City & State 4. FEI Number FIA ackson uille 27-0025855 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 3а Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLOOMER, GEORGE M III Street Address (P.O. Box Number is Not Acceptable) 2362 BLANDING BLVD. MIDDLEBURG, FL 32068 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition FREET, TAMMIE R 10201 W BEAUCK St COTSS2 FREET, TAMMY R NAME NAME STREET ADDRESS 2243 CYPRESS LANDING DRIVE STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH, FL 32233 CITY-ST-ZIP JACKSONUM FIA 32220 TITLE 🗶 Delete TITLE ☐ Change Addition NAME JOHNSON, JERRY L NAME STREET ADDRESS 4408 ELI WHITNEY DR. STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition

FILED

12. 1 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.

STREET ADDRESS

CITY-ST-7IP

NAME

Amnie Fleet pd. 41-25-05 SIGNATURE: SIGNATURE AND TYPED OR PRINTED