2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # P02000126397 04-09-2007 90087 045 ***150.00 J & J MONROE CLEANING SERVICE, INC. Principal Place of Business Mailing Address 2995 HWY 441 SE 2995 HWY 441 SE # 46 # 46 OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 27-0038171 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DWArd GRAVES, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 2405 24 LN LAKE WORTH, FL 33463 HWY ONE 118 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. (NOTE: Registered Agent signature required when reinstating) and amount and title it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Defete TITLE ☐ Change ☐ Addition MONROE, JANICE A NAME NAME STREET ADDRESS 2995 HWY 441 SE STREET ADDRESS OKEECHOBEE, FL 34974 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MONROE, JERRY NAME NAME 2995 HWY 441 SE STREET ADDRESS STREET AODRESS CITY-ST-ZIP OKEECHOBEE, FL 34974 CITY-ST-ZIP TITLE ☐ Delete ΠΠF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 withyan address, with all other like empowered. SIGNATURE:

FILED