

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000007555**



1. Entity Name  
**MPJ SERVICES, INC.**

Principal Place of Business  
**124 WINDWARD ISLAND  
 CLEARWATER, FL 33767**

Mailing Address  
**124 WINDWARD ISLAND  
 CLEARWATER, FL 33767**



01152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1169360</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JACKSON, MICHAEL J  
 124 WINDWARD ISLAND  
 CLEARWATER, FL 33767**

**DO NOT WRITE  
 IN THIS SPACE**

6. 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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JACKSON, MICHAEL J
STREET ADDRESS	124 WINDWARD ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767

TITLE	D
NAME	JACKSON, PENNY J
STREET ADDRESS	124 WINDWARD ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767

TITLE	
NAME	
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CITY-ST-ZIP	

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**DO NOT WRITE  
 IN THIS SPACE**

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:

*Michael Jackson, Sr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 727 459 8259  
 Date Daytime Phone #