

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 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**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1169360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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, 2007 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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/07-80014-015 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07
Date

722-459-825
Daytime Phone #