## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

# ANNUAL REPORT DOCUMENT # P0300008575 1. Entity Name F & J CLEANING SERVICE CORPORATION Principal Place of Business 2908 5TH ST W LEHIGH ACRES, FL 33971 US LEHIGH ACRES, FL 33971 US

FILED Mar 21, 2008 08:00 AM Secretary of State



#### 

### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALDONADO, JUDYTH 2908 5TH ST W LEHIGH ACRES, FL 33971

# DO NOT WRITE IN THIS SPACE

| LERION ACRES, PL 338/ I   |   |   | 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   |   |   |                               |                                |   |
| FIL<br>After M  | E NOWIII FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00           | Election Campaign Financ     Trust Fund Contribution. | ing                           | \$5.00 May Be<br>Added to Fees | 000000866276<br>04/08/08-80020-015 150.00 |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | P MALDONADO, JUDYTH 2908 5TH ST W LEHIGH ACRES, FL 33971              | CTORS   |                               |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VP<br>MALDONADO, FRANCISCO<br>2908 5TH ST W<br>LEHIGH ACRES, FL 33971 |   | DO NOT WRITE<br>IN THIS SPACE |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                               |                                |   |
| NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                               |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                               |                                |   |
| TITLE NAME STREET ADDRESS   |   |   |                               |                                |   |

12. I hereby certify that the information supplied with this filling 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 eath; 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.