

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035728

FILED
Apr 30, 2007
Secretary of State

Entity Name: SHEW-A-TJON HOME SERVICES, CO

Current Principal Place of Business:

5665 NW CROCUS AVENUE
PORT ST LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

5665 NW CROCUS AVENUE
PORT ST LUCIE, FL 34986 US

New Mailing Address:

P O BOX 880883
PORT ST LUCIE, FL 34988 US

FEI Number: 41-2087132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEW-A-TJON, MAGALIE
5665 NW CROCUS AVENUE
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MS () Delete
Name: SHEW-A-TJON, MAGALIE
Address: 5665 NW CROCUS AVENUE
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: MR () Delete
Name: SHEW-A-TJON, GERZON A
Address: 5665 NW CROCUS AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGALIE SHEW-A-TJON

MS

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date