2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000063956

1. Entity Name
C & J HOME SERVICES, INC.

Principal Place of Business	Mailing Address
5517 LOMA VISTA DRIVE DAVENPORT, FL 33896	5517 LOMA VISTA DRIVE DAVENPORT, FL 33896

DO NOT WRITE IN THIS SPACE

03142008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
55-0835226	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIES, JOSEPHINE
5517 LOMA VISTA DR
DAVENPORT, FL 33896

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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

U00000323001
05/16/08-80012-020 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	DAVIES, JOSEPHINE
STREET ADDRESS	5517 LOMA VISTA DR.
CITY-ST-ZIP	DAVENPORT, FL 33896
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _J. Davies (JOSEPHINE DAVIES)_   APRIL 22ND 2008   863 424 5816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #