

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 25, 2005 8:00 am
Secretary of State**

04-25-2005 90278 010 ***150.00

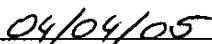
DOCUMENT # P03000108308		
1. Entity Name P&J PERFECT SERVICES INC >		

Principal Place of Business 1659 1ST AVE. N. ST. PETERSBURG, FL 33713	Mailing Address 1659 1ST AVE. N. ST. PETERSBURG, FL 33713
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2. Principal Place of Business 1659 1ST AVE. N.	3. Mailing Address 1659 1ST AVE. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL
Zip 33713	Country PIAW.

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZACHRDLA, JIRI 1659 1ST AVE. N. ST. PETERSBURG, FL 33713		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

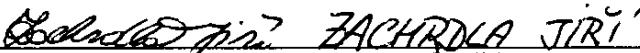
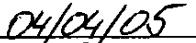
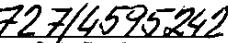
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete ZACHRDLA, JIRI 1659 1ST AVE. N. ST. PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete HAVLICEK, PETR 1659 1ST AVE. N. ST. PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE:  DAYTIME PHONE #: 
(Signature and typed or printed name of signing officer or director)