

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90149 047 ***150.00

DOCUMENT # P03000108308 1. Entity Name P&J PERFECT SERVICES INC >					
Principal Place of Business 1659 1ST AVE N SAINT PETERSBURG, FL 33713			Mailing Address 1659 1ST AVE N SAINT PETERSBURG, FL 33713		
2. Principal Place of Business 12 242 79 PL Suite, Apt. #, etc. SEMINOLE, FL City & State		3. Mailing Address 12 242 79 PL Suite, Apt. #, etc. SEMINOLE, FL City & State			
Zip 33772 Country USA		Zip 33772 Country USA		4. FEI Number 20-0270173	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZACHRDLA, JIRI 1659 1ST AVE. N. ST. PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name HAVLICEK PETR Street Address (P.O. Box Number is Not Acceptable) 12 242 79 PL City SEMINOLE FL 33772		
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 2/27/2006 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input checked="" type="checkbox"/> Delete NAME ZACHRDLA, JIRI STREET ADDRESS 1659 1ST AVE. N. CITY-ST-ZIP ST. PETERSBURG, FL 33713			TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HAVLICEK PETR STREET ADDRESS 12 242 79 PL CITY-ST-ZIP SEMINOLE, FL 33772		
TITLE S <input type="checkbox"/> Delete NAME HAVLICEK, PETR STREET ADDRESS 1659 1ST AVE. N. CITY-ST-ZIP ST. PETERSBURG, FL 33713			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: 2/27/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					