Apr 24 08 07:58p Steve Harding 850

FROM : FAX NO. :813 349 6145

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Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90186 003 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000129379

1. Entity Name
T & J 'S MOBILE AUTO DETAILING INC

0000001 3

Principal Place of Business
~~108 ALAMEDA CT~~
~~134~~
~~TAMPA, FL 33609~~

Mailing Address
POB 82215
TAMPA FL 33682

04212008 Chg-P CR2E334 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2109 JARROD DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CANTONMENT FL	City & State
Zip: 32533 Country: U.S.	Zip Country

4. FEI Number 90-0151223 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, JOHN JR
108 ALAMEDA CRT
APT 134
TAMPA, FL 33609

7. Name and Address of New Registered Agent

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SMITH, JOHN JR 108 ALAMEDA CT 134 TAMPA FL 33609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P JOHNITTA HARDING 2109 JARROD DRIVE CANTONMENT FL 32533	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Johnitta Harding Johnitta Harding 04/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #