


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90193 040 ***150.00

DOCUMENT # P03000139157					
1. Entity Name PJ'S CLEANING CONNECTION, INC.					
Principal Place of Business 177 PLANTATION DR TAVERNIER, FL 33070			Mailing Address 177 PLANTATION DR TAVERNIER, FL 33070		
2. Principal Place of Business - No P.O. Box # 156 MOHAWK ST. Suite, Apt. #, etc. TAVERNIER FL			3. Mailing Address P.O. Box 9401 Suite, Apt. #, etc. TAVERNIER FL		
City & State 33070 USA			City & State 33070 USA		
6. Name and Address of Current Registered Agent MURPHY, PAMELA J 177 PLANTATION DR TAVERNIER, FL 33070			7. Name and Address of New Registered Agent Name: EDNA HOROWITZ Street Address (P.O. Box Number is Not Acceptable): 208 BLUE AVENUE City: TAVERNIER FL Zip Code: 33070		
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: <i>Edna M Horowitz</i> EDNA M HOROWITZ 1/9/2007 Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when transferring) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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					
TITLE	P	<input type="checkbox"/> Delete			
NAME	MURPHY, PAMELA J				
STREET ADDRESS	177 PLANTATION DR				
CITY - ST - ZIP	TAVERNIER, FL 33070				
TITLE		<input type="checkbox"/> Delete			
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NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS	156 MOHAWK ST.				
CITY - ST - ZIP	TAVERNIER FL 33070				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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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: <i>Pamela J. Murphy</i> PAMELA J. MURPHY 1-11-07 305 393-0801 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40002635



01092007 Chg-P CR2E034 (12/06)

4. FEI Number 11-3705844 Applied For Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete
NAME	MURPHY, PAMELA J	
STREET ADDRESS	177 PLANTATION DR	
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
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NAME		
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CITY - ST - ZIP	TAVERNIER FL 33070	
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SIGNATURE: *Pamela J. Murphy* PAMELA J. MURPHY 1-11-07 305 393-0801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #