2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141126

Entity Name: CJ&JSERVICES CORP

SANFORD, FL 32771

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
448 PALM SANFORE	DRIVE), FL 32771					
Current Mailing Address:			New Mailir	New Mailing Address:		
448 PALM SANFORE	DRIVE), FL 32771					
FEI Number:	: 05-0592260	FEI Number Applied For()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered					w Registered Agent:	
RHOADES 448 PALM SANFORE		US				
	named entity e of Florida.	submits this statement for the pur	pose of changing it	s registered offi	ce or registered agent, or both,	
SIGNATUR	⊋E·					
01011/1101		onic Signature of Registered Agent			Date	
	Liectiv	one dignature of Registered Agent	•		Date	
Election Car	npaign Financi	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (RHOADES, C 448 PALM DF SANFORD, F	RIVE	Title: Name: Address: City-St-Zip:	()C	hange()Addition	
Title: Name: Address: City-St-Zip:	V (RHOADES, J 448 PALM DF SANFORD, F	RIVE	Title: Name: Address: City-St-Zip:	()C	hange()Addition	
Title: Name: Address: City-St-Zip:	S (KINNAN, SCO 731 S. CERP ORANGE CIT	ENTER	Title: Name: Address: City-St-Zip:	S (X) C KINNAN, SCOTT 731 S. CARPENTI ORANGE CITY, F		
Title: Name: Address:	T (RHOADES, J 448 PALM DF		Title: Name: Address:	()C	hange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CALE RHOADES P 04/29/2008