

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P03000144538 1. Entity Name P J P SERVICES INC.	
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Principal Place of Business 692 ESSEX DR PORT SAINT LUCIE, FL 34984 US	Mailing Address 692 ESSEX DR PORT SAINT LUCIE, FL 34984 US
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0488798	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ACCESS ACCOUNTING, INC.
432 SW LAKEHURST DR
PORT SAINT LUCIE, FL 34983-2825

**DO NOT WRITE
IN THIS SPACE**

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

Pete Pizzarello
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-10-08

DATE

**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**

U0000009000065
04/29/08-80013-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR PIZZARELLO, PETER 692 ESSEX DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PIZZARELLO, PETER 692 ESSEX DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S,T PIZZARELLO, CONCETTA 692 ESSEX DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Pete Pizzarello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-10-08 772-878-
Daytime Phone # 3940