2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2007 08:00 All Secretary of State **DOCUMENT # P03000150548** 1. Entity Name T AND J CONSTRUCTION CLEANING, INC. Principal Place of Business **Mailing Address POST OFFICE BOX 432** 5445 8TH STREET HIGHLAND CITY, FL 33846 HIGHLAND CITY, FL 33846 No Chg-P 03182007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0713236 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000687682 Trust Fund Contribution. Added to Fees <u>04/10/07-80048-020</u> 150.00 10. OFFICERS AND DIRECTORS TITLE **PSTD** BAISDEN, JOHNIE NAME STREET ADDRESS 5445 8TH STREET HIGHLAND CITY, FL 33846 CITY-ST-ZIP TTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

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 eath; 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

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Johnnie Bandon Johnnie Baisder 3-29-07 863-581-4856