


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000151931 1. Entity Name J & C HOME SERVICES, INC.	
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Principal Place of Business 26443 SLEEPY HOLLOW STREET MT. PLYMOUTH, FL 32776	Mailing Address P.O. BOX 1473 SORRENTO, FL 32776
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01232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0503372	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLEMENT, G. EDWARD 308 EAST FIFTH AVENUE MOUNT DORA, FL 32757
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURRAY, JASON O SR 26443 SLEEPY HOLLOW STREET MT. PLYMOUTH, FL 32776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURRAY, CHRISTINA M 26443 SLEEPY HOLLOW STREET MT. PLYMOUTH, FL 32776
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000235053 02/18/05-80046-005 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christina M. Murray, Sec. **02-15-05** **(352) 383-9104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #