

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000130350**

1. Entity Name  
**MSJ PROFESSIONAL PRESSURE CLEANING, INC.**



Principal Place of Business  
**4301 NE 12TH AVENUE  
POMPANO BEACH, FL 33064**

Mailing Address  
**4301 NE 12TH AVENUE  
POMPANO BEACH, FL 33064**



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1631007**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JAKIN, MARK S  
4301 NE 12TH AVENUE  
POMPANO BEACH, FL 33064**

**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 Joanne Jakin Vice President 2-8-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**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**  
NAME **JAKIN, MARK S**  
STREET ADDRESS **4301 NE 12TH AVENUE**  
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **VP**  
NAME **JAKIN, JOANNE L**  
STREET ADDRESS **4301 NE 12TH AVENUE**  
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **SEC**  
NAME **JAKIN, JOSHUA S**  
STREET ADDRESS **4301 NE 12TH AVENUE**  
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: Joanne Jakin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-07  
Date

954-797-1849  
Daytime Phone #

000000631398  
02/20/07-80045-019-150.00

**DO NOT WRITE  
IN THIS SPACE**