2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# P04000141194

Entity Name: JUST GEMINI CLEANING INC.

Current Principal Place of Business:

19476 EDGEWATER DRIVE
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

19476 EDGEWATER DRIVE
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

FEI Number: 20-1737755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROQUE, GINGER
18343 LAMONT AVENUE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D.S ( ) Delete
Name: FORD, TARA
Address: 2234 HOMESTEAD CIRCLE
City-St-Zip: NORTH PORT, FL 34286 US

Title: D.P. ( ) Delete
Name: ROQUE, GINGER
Address: 18343 LAMONT AVUNUE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: D,VP ( ) Delete
Name: KILEY, JANET
Address: 19476 EDGEWATER DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: D.T. (X) Delete
Name: KILEY, JASON M
Address: 18343 LAMONT AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D.P. (X) Change ( ) Addition
Name: ROQUE, GINGER
Address: 18343 LAMONT AVE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: D.VP (X) Change ( ) Addition
Name: KILEY, JANET
Address: 19476 EDGEWATER DR.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: D.T. (X) Change ( ) Addition
Name: KILEY, JASON M
Address: 18343 LAMONT AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GINGER ROQUE D.P. 01/21/2008

Electronic Signature of Signing Officer or Director Date