

FILED

2007 JUN 19 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P05000069027			
1. Entity Name CJS COMPLETE LAWN AND MAINTENANCE SERVICE, INC.			
Principal Place of Business 7416 SW 14TH COURT NORTH LAUDERDALE, FL 33068 US		Mailing Address PO BOX 25331 TAMARAC, FL 33320 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
06122007		Chg-P CR2E034 (12/06)	
4. FEI Number 20-2989830		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHARWOOD, CARL P 7416 SW 14TH COURT NORTH LAUDERDALE, FL 33068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 may be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHARWOOD, CARL 7416 SW 14TH COURT NORTH LAUDERDALE, FL 33068 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP Wharwood, Carl 7416 SW 14th Court North Lauderdale, FL 33068 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHARWOOD, JANICE 7416 SW 14TH COURT NORTH LAUDERDALE, FL 33068 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200104882502 06/26/07--01037--002 *\$61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 true empowered.			
SIGNATURE:  CARL WHARWOOD		06/12/07 (P) 423-4429	

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