

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122660

FILED
May 01, 2007
Secretary of State

Entity Name: BJ CLEANING SERVICE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

6365 WOOD STREET
SAINT CLOUD, FL 34771 US

New Principal Place of Business:

6390 WOOD STREET
SAINT CLOUD, FL 34771 US

Current Mailing Address:

6365 WOOD STREET
SAINT CLOUD, FL 34771 US

New Mailing Address:

6390 WOOD STREET
SAINT CLOUD, FL 34771 US

FEI Number: 20-3565021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFFEWE, BARBARA D
6365 WOOD STREET
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

LEFFEWE, BARBARA D
6390 WOOD STREET
SAINT CLOUD, FL 34771 US

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: BARBARA D LEFFEWE

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: LEFFEWE, BARBARA D
Address: 6365 WOOD STREET
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: VP () Delete
Name: MADDOX, JENNIFER L
Address: 6365 WOOD STREET
City-St-Zip: SAINT CLOUD, FL 34771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: LEFFEWE, BARBARA D
Address: 6390 WOOD STREET
City-St-Zip: SAINT CLOUD, FL 34771 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: BARBARA D LEFFEWE

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date