

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90008 021 ***150.00

DOCUMENT # P06000126650 1. Entity Name JDM CLEANING SERVICE, INC.																																																																																																																																			
Principal Place of Business 16930 S.E. 73RD AVE SUMMERFIELD, FL 34491			Mailing Address P.O. BOX 43 WILDWOOD, FL 34785																																																																																																																																
2. Principal Place of Business - No P.O. Box # 13227 SW 43rd Ave			3. Mailing Address Same as Above																																																																																																																																
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																																																																																
City & State Ocala, FL			City & State 																																																																																																																																
Zip 34473			Zip 																																																																																																																																
Country Marion			Country Sumter																																																																																																																																
4. FEI Number 51-0599858			Applied For <input type="checkbox"/> Not Applicable																																																																																																																																
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																			
6. Name and Address of Current Registered Agent BLASBERG, JULIE E 16930 S.E. 73RD AVE SUMMERFIELD, FL 34491			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: <u><i>Julie Blasberg</i></u> DATE: <u>8/15/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PT BLASBERG, JULIE E</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td>BLASBERG, JULIE E</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 43</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WILDWOOD, FL 34785</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VS</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td>BLASBERG, DAVID M</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5129 CR 114</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WILDWOOD, FL 34785</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PT BLASBERG, JULIE E	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME	BLASBERG, JULIE E		NAME			STREET ADDRESS	P.O. BOX 43		STREET ADDRESS			CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP			TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME	BLASBERG, DAVID M		NAME			STREET ADDRESS	5129 CR 114		STREET ADDRESS			CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u><i>Julie Blasberg</i></u> DATE: <u>8/15/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #</small>																																																																																																																																			

40131380



01232007 Chg-P CR2E034 (12/06)

ATTACHMENT
40131380
~~#P0600026650~~

Dear Department of State

I am writing this
letter to let you know
that I honestly never
received a notice to pay
\$150.00 in fees by May 1st.
I promise if I had I
would have paid that amount
instead of \$550.00. I am a
small business and can't
afford the \$550.00 Please
take this into consideration.
I am enclosing a check for
\$150.00. Please and thank you.

Sincerely
Julie Blasberg
JDM Cleaning Service