

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90026 028 \*\*\*150.00

<b>DOCUMENT # P06000145174</b> 1. Entity Name <b>CJ'S POWER WASHING INC.</b>					
Principal Place of Business <b>5650 ORPHA ST. NORTHPORT, FL 34287 US</b>			Mailing Address <b>5650 ORPHA ST. NORTHPORT, FL 34287 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>311 Colebourne Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		<b>Rochester, NY</b>		4. FEI Number <b>205924034</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>74609</b>		<b>Monroe</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MELONI, JOSEPH J JR 5650 ORPHA ST. NORTHPORT, FL 34287</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MELONI, JOSEPH J JR 5650 ORPHA ST. NORTHPORT, FL 34287 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELONI, JOSEPH J JR 5650 ORPHA ST. NORTHPORT, FL 34287 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCELLELLAN, KATHLEEN J 5650 ORPHA ST. NORTHPORT, FL 34287 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Joseph J Meloni</i>			<b>7-13-07 585-734-0834</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		