
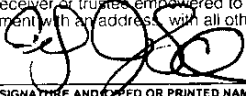


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90084 040 \*\*\*150.00

<b>DOCUMENT # P06000157446</b> 1. Entity Name <b>CJS TAX SERVICES, INC.</b>																																	
Principal Place of Business <b>637 8TH STREET 242 E. Highland Ave</b> <b>CLERMONT, FL 34711</b>				Mailing Address <b>637 8TH STREET 242 E. Highland Ave</b> <b>CLERMONT, FL 34711 Clermont, FL 34711</b>																													
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																													
City & State Zip Country				4. FEI Number <b>20-8119871</b> Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04142008 Chg-P CR2E034 (12/06)																													
6. Name and Address of Current Registered Agent <b>SCHUMACHER, CINDY J</b> <b>637 8TH STREET</b> <b>CLERMONT, FL 34711</b> <b>242 E. Highland Ave</b> <b>CLERMONT, FL 34711</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 reinstating) DATE _____																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 40%;">NAME <b>SCHUMACHER, CINDY J</b></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> <td colspan="2"><b>637 8TH STREET</b></td> </tr> <tr> <td colspan="2">CITY - ST - ZIP</td> <td colspan="2"><b>CLERMONT, FL 34711</b></td> </tr> </table>			TITLE	P	NAME <b>SCHUMACHER, CINDY J</b>	<input type="checkbox"/> Delete	STREET ADDRESS		<b>637 8TH STREET</b>		CITY - ST - ZIP		<b>CLERMONT, FL 34711</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><b>Schumacher Cindy</b></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><b>242 E. Highland Ave</b></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><b>CLERMONT, FL 34711</b></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			<b>Schumacher Cindy</b>				<b>242 E. Highland Ave</b>				<b>CLERMONT, FL 34711</b>	
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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:  <b>4/15/08 352-536-9266</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	