

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000001481

Entity Name: J O SERVICES INC.

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12189 US HWY 1, SUITES 4 & 5  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

12189 US HWY 1, SUITES 4 & 5  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 27-1802477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOTTAWA, JOANN  
6024 SE CROOKED OAK AVE  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WOTTAWA, ROBERT  
Address: 6024 SE CROOKED OAK AVE  
City-St-Zip: HOBE SOUND, FL 33455

I hereby 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 all other like empowered.

SIGNATURE: ROBERT WOTTAWA

PRES

04/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date