


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90086 017 ***158.75

DOCUMENT # P98000065728 1. Entity Name JMJ CLEANING COMPANY			
Principal Place of Business 7526 CATTLE DRIVE PLANT CITY, FL 33565		Mailing Address PO BOX 398 THONOTOSASSA, FL 33592-0398	
2. Principal Place of Business - No P.O. Box # 11196 156TH ST Suite, Apt. #, etc.		3. Mailing Address PO BOX 908 Suite, Apt. #, etc.	
City & State MCAZPIN, FL		City & State LIVE OAK, FL	
Zip 32062		Zip 32064	
Country		Country	
4. FEI Number 59-3524996		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 LOCICERO, MICHELLE 7526 CATTLE DRIVE PLANT CITY, FL 33565		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11196 156TH ST City MCAZPIN FL Zip Code 32062	
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>[Signature]</i></u> MICHELLE R. LOCICERO, PRES. 04-30-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCICERO, MICHELLE R 7526 CATTLE DRIVE PLANT CITY, FL 335653177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11196 156TH ST. MCAZPIN, FL 32062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCICERO, JENNA L 7526 CATTLE DRIVE PLANT CITY, FL 335653177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11196 156TH ST MCAZPIN, FL 32062
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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>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04-30-2007 786.362.1044 <small>Date Daytime Phone #</small>	