


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90226 003 ***150.00

DOCUMENT # P98000097782					
1. Entity Name J & B MAID SERVICE, INC.					
Principal Place of Business 11223 BEAVERBANK STREET BROOKSVILLE FL 34614			Mailing Address 11223 BEAVERBANK STREET BROOKSVILLE FL 34614		
2. Principal Place of Business 11223 BOSTON AVE Suite, Apt. #, etc. Weeki Wachee, FL City & State		3. Mailing Address 11223 BOSTON AVE Suite, Apt. #, etc. Weeki Wachee, FL City & State			
Zip 34614	Country	Zip 34614	Country	4. FEI Number 59-3545374	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KEPNER, JUDITH A 11223 BEAVERBANK STREET BROOKSVILLE FL 34614			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PT KEPNER, JUDITH A 11223 BEAVERBANK ST BROOKSVILLE FL 34614 <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	VPS KEPNER, JUDITH ANN 11223 BEAVERBANK STREET BROOKSVILLE FL 34614 <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 exemption stated in Section 119.07(3)(i), 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: Judith A. Kepner **JUDITH A. KEPNER** 4/17/2005 352-596-4416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #