

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90102 001 ***150.00

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1. Entity Name

J & B MAID SERVICE, INC.

Principal Place of Business

11223 BOSTON AVE
WEEKI WACHEE FL 34614

Mailing Address

11223 BOSTON AVE
WEEKI WACHEE FL 34614



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3545374

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEPNER, JUDITH A
11223 BOSTON AVE
BROOKSVILLE FL 34614

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Weeki Wachee

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

Signature, typed or printed name of registered agent and title if applicable

Judith A. Kepner

(If "E" Registered Agent signature required when re-registering)

4/24/2007

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT
NAME KEPNER, JUDITH A ☐ Delete
STREET ADDRESS 11223 BOSTON AVE
CITY ST ZIP WEEKI WACHEE FL 34614

TITLE VPS
NAME KEPNER, JUDITH ANN ☐ Delete
STREET ADDRESS 11223 BOSTON AVE
CITY ST ZIP WEEKI WACHEE FL 34614

TITLE ☐ Delete
NAME
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CITY ST ZIP

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CITY ST ZIP

TITLE ☐ Delete
NAME
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CITY ST ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Judith A. Kepner Judith A. Kepner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2007 352-596-4416

Date

Telephone Phone #