

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S33998

FILED
Oct 06, 2009
Secretary of State

Entity Name: JANET'S BUSINESS SERVICE INC.

Current Principal Place of Business:

901 DOUGLAS AVE
201
ALTAMONTE SPRGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

901 DOUGLAS AVE
201
ALTAMONTE SPRGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3056902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCWILLIAMS, JANET L.
142 OLIVE TREE CIRCLE
ALTAMONTE SPRINGS, FL 32714 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: JANET L MCWILLIAMS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCWILLIAMS, JANET L
Address: 142 OLIVE TREE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: VP () Delete
Name: MCWILLIAMS, JOSEPH D
Address: 142 OLIVE TREE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: HECKMAN, AMY
Address: 1117 WHATLEY MILL LANE
City-St-Zip: LAWRENCEVILLE, GA 30045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCWILLIAMS, JANET L
Address: 142 OLIVE TREE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANET L MCWILLIAMS

Electronic Signature of Signing Officer or Director

PD

10/06/2009

Date