

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # V55555 1. Entity Name JUST SERVICE, INC.					
Principal Place of Business 1973 IOWA AVENUE NE ST. PETERSBURG FL 33703			Mailing Address 1973 IOWA AVENUE NE ST. PETERSBURG FL 33703		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3137871	
6. Name and Address of Current Registered Agent ADAIR, CHARLES R. 1973 IOWA AVENUE NE ST. PETERSBURG FL 33703				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 re-instating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAIR, CHARLES R. 1973 IOWA AVENUE NE ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ADAIR, ROBERTA D. 1973 IOWA AVENUE NE ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Add ☐	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Add ☐	
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: <u>Charles R. Adair</u> CHARLES R ADAIR 3-30-06 727-527-693					

