


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90041 028 ***150.00

-DOCUMENT # P02000050260

1. Entity Name
MCINTYRE EXTERIORS, INC.



Principal Place of Business Mailing Address
926-B 9TH AVENUE SOUTH **926-B 9TH AVENUE SOUTH**
JACKSONVILLE BEACH FL 32250 **JACKSONVILLE BEACH FL 32250**



2. Principal Place of Business 3. Mailing Address
926-C 9th Ave S. *926-C 9th Ave S.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State
Jax Beach *Jax Beach*
 Zip Country Zip Country
32250 *USA* *32250* *USA*

4. FEI Number Applied For
33-1005913 Not Applicable

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

6. Name and Address of Current Registered Agent
MCINTYRE, JOHN A
926-B 9TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
926-C - 9th Ave S.
 City State Zip Code
Jax Beach FL **FL** *32250*

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 **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTYRE, JOHN	
STREET ADDRESS	926-B 9TH AVENUE SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEVENS, TIM F	
STREET ADDRESS	6130 ISLAND FOREST DR	
CITY-ST-ZIP	ORANGE BEACH FL 32003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	* Address Only	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	926-C 9th Ave S.	
CITY-ST-ZIP	Jax Beach FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Tim Stevens* 4/4/05 904/249-3049
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #