

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000140957
 1. Entry Name
 J-J-JOE'S CARPENTRY AND ALUMINUM SERVICE, INC.



Principal Place of Business
 114 NORTH 2ND AVENUE
 WAUCHULA, FL 33873

Mailing Address
 114 NORTH 2ND AVENUE
 WAUCHULA, FL 33873



DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
 13-4269406

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

6. Name and Address of Current Registered Agent
 GICKER, JOSEPH L
 114 NORTH 2ND AVENUE
 WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000427838
 02/21/06-80023-017 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GICKER, JOSEPH L 114 NORTH 2ND AVE. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GICKER, ROSEMARY 114 NORTH 2ND AVE. WAUCHULA, FL 33873
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph L. Gicker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-06 863-773-298
Date Daytime Phone #