

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000140957
 1. Entity 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



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
 13-4269406

Applied For
 Not Applicable

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

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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, 2008 Fee will be \$550.00

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

U00000844093
 03/12/08-80021-022 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GICKER, JOSEPH L
STREET ADDRESS	114 NORTH 2ND AVE.
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	STD
NAME	GICKER, ROSEMARY
STREET ADDRESS	114 NORTH 2ND AVE.
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph L. Gicker **2-26-08** 863-773298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #