## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P04000011741**

1. Entity Name

JV METAL FRAMING AND CARPENTRY, INC.



Principal Place of Business

604 RALPH ST AUBURNDALE, FL 33823 Mailing Address

604 RALPH ST

AUBURNDALE, FL 33823



04-07-2006 90031 050 \*\*\*158.75



02282006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0666295

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELAZQUEZ, JOSE J

## DO NOT WRITE

AUBURNDALE, FL 33823				IN THIS SPACE				
8. The above the obligation	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	d office ar re	gistered agent, or b	oth, in the State of Flo	orida. I am familiar with, an	d accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title #	applicable. (NOTE: Registered	Agent signature r	equired when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol><li>Election Campaign Finance Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELAZQUEZ, JOSE J 604 RALPH ST AUBURNDALE, FL 33823	1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				70" 740ga 34 38"				
TITLE NAME								

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06

Daytime Phone #