


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90063 022 \*\*\*150.00

**DOCUMENT # P98000082960**

1. Entity Name  
**J & E PLASTERING, INC.**



Principal Place of Business  
**3190 SOUTH STATE ROAD NO. 7  
 MIRAMAR, FL 33023**

Mailing Address  
**3190 SOUTH STATE ROAD NO. 7  
 MIRAMAR, FL 33023**

**50002958**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-0867105**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BROWN, ANGELIA TAYLOR**  
**3190 S STATE RD 7 #A5**  
**MIRAMAR, FL 33023**

**7. Name and Address of New Registered Agent**

Name  
**Ethel Johnson**

Street Address (P.O. Box Number is Not Acceptable)  
**3190 S. State Road 7 #A5**

City  
**Miramar FL** Zip Code  
**33023**

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: *Ethel Johnson* DATE: 1/13/05

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE VS	<input checked="" type="checkbox"/> Delete
NAME JOHNSON, ETHEL	
STREET ADDRESS 3190 S STATE RD 7 #A5	
CITY-ST-ZIP MIRAMAR, FL 33023	
TITLE PDT	<input checked="" type="checkbox"/> Delete
NAME BROWN, ANGELIA TAYLOR	
STREET ADDRESS 3190 S STATE ROAD NO. 7 #A5	
CITY-ST-ZIP MIRAMAR, FL 33023	
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 PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ethel Johnson	
STREET ADDRESS 3190 S. State Road 7 #A5	
CITY-ST-ZIP Miramar FL 33023	
TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME James Johnson	
STREET ADDRESS 3190 S. State Road 7 #A5	
CITY-ST-ZIP Miramar FL 33023	
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: *Ethel Johnson* DATE: 1/13/05 (954) 893-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #