


FILED  
Apr 26, 2007 8:00 am  
Secretary of State

04-12-2007 90046 025 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # J35515</b>			
1. Entity Name <b>JEFFREY A. MORROW SOFFIT AND FASCIA, INC.</b>			
Principal Place of Business <b>926 SE 9TH STREET CAPE CORAL, FL 33990 US</b>		Mailing Address <b>926 SE 9TH STREET CAPE CORAL, FL 33990 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
- 6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MORROW, JEFFREY A. 3106 SURFSIDE BLVD CAPE CORAL, FL 33914</b>		Name  Street Address (P.O. Box Number is Not Acceptable) <del>Pro Box 150937</del> <b>926 SE 9th St.</b>  City <u>Cape Coral</u> FL Zip Code <u>33990</u>	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when certifying)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVD MORROW, JEFFREY 3106 SURFSIDE BLVD CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>Pro Box 150937</del> <b>926 SE 9th St.</b> <del>Cape Coral FL 33915</del> <b>Cape Coral, FL 33990</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD MORROW, LINDA S. 3106 SURFSIDE BLVD CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>Pro Box 150937</del> <b>926 SE 9th St.</b> <del>Cape Coral FL 33915</del> <b>Cape Coral, FL 33990</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/10/07</u> 239-772-4914 <small>Daytime Phone #</small>	