

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90082 016 ***150.00

DOCUMENT # P00000022315

1. Entity Name
JAGUAR DRYWALL OF PONTE VEDRA BEACH, INC.



Principal Place of Business
1411 HIBISCUS STREET
ATLANTIC BEACH, FL 32233

Mailing Address
1411 HIBISCUS STREET
ATLANTIC BEACH, FL 32233

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3630680

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ADAMS, MICHAELYN C
1035 5TH STREET NORTH
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent
Name IT'S YOUR MONEY, LLC
Street Address (P.O. Box Number is Not Acceptable) 2072 Mayport Road
City Atlantic Beach FL Zip Code 32233

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 *Michaelyn C. Adams* DATE 1/31/07

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, MARK A 3521 WATERCHASE WAY, EAST JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 1981 Hovington Circle, East Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRKLAND, LARRY M 2180 BRIGHTON BAY TRAIL JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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: *Mark A. Lee* DATE 2/1/07 DAYTIME PHONE # 904-703-6685