2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## FILED Apr 25, 2007 08:00 A Secretary of State DOCUMENT # P01000026446 1. Entity Name J AND J GENERAL CONTRACTOR, INC. Principal Place of Business Mailing Address 3281 LAKEWORTH RD 3281 LAKEWORTH RD SUITE H SUITE H LAKE WORTH FL 33461 · LAKE WORTH FL 33461 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3713107 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo DESIR, PAUL E Stroot Address (P.O. Box Number is Not Acceptable) 3732 CYPRESS LAKE DRIVE LAKE WORTH FL 33467 Zio Code 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. вти: Delete TITLE Change ☐ Addition DESIR, PAUL E NAME NAME U00000732156 05/09/07-80035-006 150.00 3732 CYPRESS LAKE DRIVE STREET ADDRESS STREET ADORESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP TITLE TIFLE ☐ Change Addition ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delele ☐ Change ☐ Addition NAMI NAME. STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-SI-ZIP THE Delete Change ☐ AddItion NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME. NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete IIIII. ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath, that I am an efficer 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:

OFFICER OR DIRECTOR

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