

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90158 015 ***150.00

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1. Entity Name
J & J PRECAST, CONSTRUCTION, RESTORATION,
PAINTING & WATERPROOFING CORP.



Principal Place of Business
214 NE 21ST PLACE
CAPE CORAL, FL 33909

Mailing Address
214 NE 21ST PLACE
CAPE CORAL, FL 33909

60032162



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1140857

Applied For
Not Applicable

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

6. Name and Address of C

Registered Agent

LEAL, JUDITH P
214 NE 21ST PLACE
CAPE CORAL, FL 33909

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME LEAL, JOSE L
STREET ADDRESS 214 NE 21ST PLACE
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE VP
NAME LEAL, JUDITH P
STREET ADDRESS 214 NE 21ST PLACE
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE S
NAME LEAL, JUDITH P
STREET ADDRESS 214 NE 21ST PLACE
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE T
NAME LEAL, JUDITH P
STREET ADDRESS 214 NE 21ST PLACE
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08

239 5737599