

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000021839 1. Entity Name J&K REMODELING CO., INC.	
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Principal Place of Business 10190 109 STREET NORTH SEMINOLE, FL 33772	Mailing Address 10190 109 STREET NORTH SEMINOLE, FL 33772
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3102141	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOWENSKI, LISA K 10190 109 STREET NORTH SEMINOLE, FL 33772
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing ... Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000609718 02/01/07-80060-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOWENSKI, LISA K 10190 109 STREET NORTH SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KOWENSKI, EUGENE 10190 109 STREET NORTH SEMINOLE, FL 33772
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa Kowenski* **Lisa Kowenski**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** *1-27-07*
Date Daytime Phone #