


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90222 021 ***158.75

DOCUMENT # P02000029749

1. Entity Name
JAA'S REMODELING, INC.



Principal Place of Business
**1056 S. HOAGLAND BLVD.
 KISSIMMEE, FL 34741**

Mailing Address
**1056 S. HOAGLAND BLVD.
 KISSIMMEE, FL 34741**

50052180



2. Principal Place of Business
1817 Patrick St

3. Mailing Address
1817 Patrick St

Suite, Apt. #, etc.

05092005 Chg-P CR2E034 (10/03)

City & State
Kissimmee Fla

City & State
Kissimmee Fla

Zip
34741

Country
USA

Zip
34741

Country
USA

4. FEI Number
01-0666156

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALBERTO, JOSE A
 1056 S. HOAGLAND BLVD.
 KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent

Name
Alberto, Jose A

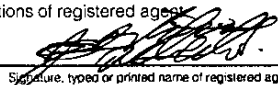
Street Address (P.O. Box Number is Not Acceptable)
1817 Patrick St.

City
Kissimmee

State
FL

Zip Code
34741

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  **Jose Alberto** **5/9/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBERTO, JOSE A 1056 S. HOAGLAND BLVD. KISSIMMEE, FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Alberto, Jose A 1817 Patrick St Kissimmee, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:  **Jose Alberto** **5/9/05** **321-443-5050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #