2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2007 08:00 A Secretary of State DOCUMENT # P02000124891 1. Entity Namo J & J PAINTING ENTERPRISES OF S.W. FLORIDA, INC. Principal Place of Business Mailing Address **208 5TH AVE.** 208 5TH AVE LEHIGH ACRES FL 33972 LEHIGH ACRES FL 33972 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 Applied For 4. FEI Number 05-0546933 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER, JOSEPH E P Street Address (P.O. Box Number is Not Acceptable) **208 5TH AVE** LEHIGH ACRES FL 33972 Zip 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: Registored Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE ☐ Change ■ Addition BECKER, JOSEPH E NAME NAME 208 5TH AVE. STREET ADDRESS STREET ADDRESS U00000668678 LEHIGH ACRES FL 33972 CITY - ST - ZtP CHY+SI-7P /27<u>/07-80039-018_150.00</u> VP THE Delete □ Change Addition BECKER, MEI F VP NAME NAME. 208 5TH AVE. STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33972 CITY-SI-ZIP CITY+SI-ZIP TITLE Delete TITLL Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIF CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addillion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IIIIi' Delete TOU: Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-S1-7IP O1Y-S1-7IP THLE ☐ Delete 10112 □ Change Addition NAME NAMI' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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

FILED

SIGNATURE: JOSEPH BECKER 3/13/07 239.340-8136

if changed, or on an attachment with an address, with all other like empowered.