2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121661

Name:

Address:

City-St-Zip:

LA LIELOGOINIO INICTALLATIONIO INIC

FILED Apr 29, 2005 Secretary of State

Entity Na	me: J&HFLO	ORING INSTALLATIONS, II	NC.				
Current Principal Place of Business:			New Principal Place of Business:				
	DRALTON DR HILL, FL 34610						
Current Mailing Address:			New Mailing Address:				
	DRALTON DR HILL, FL 34610						
FEI Number	: 51-0485697	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address	of New Registered Agent:		
18402 FLC	AN, HAROLD L DRALTON DR HILL, FL 34610	US					
	named entity s e of Florida.	ubmits this statement for the	purpose of changing	its registe	red office or registered agent, or bo	th,	
SIGNATUI	RE:						
	Electroni	c Signature of Registered A	gent		Date		
Election Ca	mpaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title:	CHRISTMAN, HA 18402 FLORALT SPRING HILL, F	ON DR	Title: Name: Address: City-St-Zip: Title:	18402 FL	(X) Change () Addition AN, HAROLD L ORALTON DR. IILL, FL 34610 (X) Change () Addition		
Name: Address: City-St-Zip:	CHRISTMAN, CA 18402 FLORALT SPRING HILL, F	SEY ON DR	Name: Address: City-St-Zip:	CHRISTM 18402 FL	AN, CASEY ORALTON DR. HILL, FL 34610		
Title: Name: Address: City-St-Zip:	T/S () CHRISTMAN, JA 18402 FLORALT SPRING HILL, F	ON DR	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	()	Delete	Title:	VP	() Change (X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

CHRISTMAN, BO

18402 FLORALTON DR.

SPRING HILL, FL 34610

SIGNATURE: JAN ELLEN CHRISTMAN 04/29/2005 T/S