

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90132 029 \*\*\*158.75

DOCUMENT # P03000138658

1. Entity Name

JPT INSTALLERS INC.



Principal Place of Business

4207 S. DALE MABRY  
APT # 6410  
TAMPA FL 33611

Mailing Address

4207 S. DALE MABRY  
APT # 6410  
TAMPA FL 33611

40029472



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

7601 SOUTHERN BROOK BEND  
APT. 304  
TAMPA, FL  
33635

3. Mailing Address

7601 SOUTHERN BROOK BEND  
APT. 304  
TAMPA, FL  
33635

4. FEI Number 20-0425602

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THORNTON, JOHN P JR.  
4207 S. DALE MABRY  
APT # 6410  
TAMPA FL 33611

CHANGE  
OF ADDRESS →

7. Name and Address of New Registered Agent

Name: JOHN P THORNTON JR.  
Street Address (P.O. Box Number is Not Acceptable): 7601 SOUTHERN BROOK BEND APT 304  
City: TAMPA FL Zip Code: 33635

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

JOHN THORNTON

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THORNTON, JOHN P JR.	
STREET ADDRESS	4207 S. DALE MABRY #6410	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	THORNTON, JOHN P JR.	<input type="checkbox"/> Delete
NAME	7601 SOUTHERN BROOK BEND	
STREET ADDRESS	APT 304	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/05