


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State


04-25-2007 90168 011 ***150.00

DOCUMENT # P03000144884		
1. Entity Name JC PAINTING & DECORATING INC.		

Principal Place of Business 2219 HOLLYWOOD BLVD. SUITE 101 HOLLYWOOD, FL 33020 US	Mailing Address 2219 HOLLYWOOD BLVD. SUITE 101 HOLLYWOOD, FL 33020 US
--	--

2. Principal Place of Business - No P.O. Box # 9050 Pines Blvd.	3. Mailing Address 9050 Pines Blvd
Suite, Apt. #, etc. Suite 386	Suite, Apt. #, etc. Suite 386
City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33024	Country US

40080040



01112007 Chg-P CR2E034 (12/06)

4. FEI Number 33-1077745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COVE, DOUGLAS 2219 HOLLYWOOD BLVD. SUITE 101 HOLLYWOOD, FL 33020	7. Name and Address of New Registered Agent Name Cove, Douglas Street Address (P.O. Box Number is Not Acceptable) 9050 Pines Blvd. Suite 386 City Pembroke Pines FL Zip Code 33024
--	---

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.

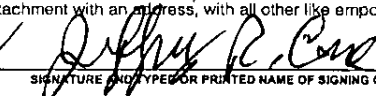
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COVE, JEFFREY R 2219 HOLLYWOOD BLVD SUITE 101 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cove, Jeffrey R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9050 Pines Blvd, Suite 386 Pembroke Pines, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  14-21-07 (754) 472-2259

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