

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-01-2005 90027 039 ***150.00

DOCUMENT # P04000016674 1. Entity Name T J'S PAINTING & HOME IMPROVEMENTS, INC.					
Principal Place of Business 734 LUNA STREET JACKSONVILLE, FL 32205 US			Mailing Address 734 LUNA STREET JACKSONVILLE, FL 32205 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 200624647	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, THOMAS R 734 LUNA STREET JACKSONVILLE, FL 32205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, THOMAS R 734 LUNA STREET JACKSONVILLE, FL 32205		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"/> 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	
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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 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: <u>Thomas R Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

ATTACHMENT

Leborans
Collins & Hester, P.A.

ACCOUNTING * TAX * AUDIT * FINANCIAL PLANNING
Suite 220, 6885 Belfort Oaks Place
Jacksonville, FL 32216
(904) 296-1777 FAX (904) 296-1090

July 28, 2005

State of Florida
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: TJ's Painting & Home Improvements, Inc.
Doc#P04000016674

Dear Sir or Madam;

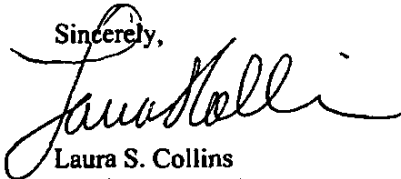
Enclosed is the 2005 For Profit Corporation Annual Report for the above referenced corporation. Payment of the annual filing fee in the amount of \$150.00 is also included.

Mr. Jones is the sole shareholder, officer and employee of the above referenced corporation. He was called home to New Jersey in late December 2004 due to a death in his family, and was not able to return to Florida until July 15 due to matters involving the estate. Mail was forwarded for personal matters; however, the post-card notification regarding his corporation did not reach his forwarding address. He became aware of this situation upon his return to Florida, having received the Notice of Intent to Dissolve

Based on the extenuating circumstances, we respectfully request favorable consideration in waiver of the late filing fee in the amount of \$400.00.

Your assistance in this matter is sincerely appreciated. Please respond directly to the officer/director as to its disposition.

Sincerely,



Laura S. Collins
For the Corporation



ATTACHMENT

66026078

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 3, 2005

T J'S PAINTING & HOME IMPROVEMENTS, INC.
734 LUNA STREET
JACKSONVILLE, FL 32205 US

Subject: T J'S PAINTING & HOME IMPROVEMENTS, INC.

Reference Number: P04000016674

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

*I received this letter on 8-17-05
and mailed it out on 8-18-05
FEIN # 2006247*