## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 17, 2008 08:00 Al ate

DOCUMENT # P04000018600  1. Entity Name JF & MB HOME IMPROVEMENT & LANDSCAPING, INC.						Secretary of Sta			
JF & MB	HOME IN	MPROVEMENT &	LANDSCAPIN	łG, INC.					
Principal Place of Business Mailing Address 685 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL					2714				
Principal Place of Business - No P.O Box #     3. Mailing Address									
Suite, Apt #, etc.			Suite. Apt. #, etc.			04132008	Chg-P	CR2E034 (12/06)	
City & State			City & State			4. FEI Numb		<del>  </del>	oplied For ot Applicable
Zıp	Country		Zip Coun		intry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
	6. Name	and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent Name				
MATUTE, JORGE A 685 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714					Street Address (	P O. Box Numb	per is Not Acceptable)		
		,,			City			FL Zip Cod	8
8. The above	e named entit tions of regist	y submits this statement fered agent.	or the purpose of ch	nanging its registe	Lered office or register	ed agent, or bo	oth, in the State of Florid	- —	and accept
SIGNATURE.		or printed name of registered agen	t and title if applicable,	(NOTE, Register	red Agent signature required	I when reinstating)		DATE	
		FEE IS \$150.00 B Fee will be \$550.		on Campaign Fina Fund Contribution		.00 May Be ed to Fees			
10.	T	OFFICERS AND	DIRECTORS	11		ADDITIONS	/ CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	685 OAK	JORGE A HOLLOW WAY NTE SPRINGS, FL 32		STE	ILE IME REET ADDRESS IY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	685 OAK HOLLOW WAY				LE ME RELT ADDRESS IY-ST-ZIP		U000009 04/30/08-8		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>							☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					i			☐ Change	☐ Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP			□ c	NAM STR				☐ Change	Addition
of the cor	poration or th	e information supplied with t or supplemental report in the receiver or trustee ome ichnent with an address.	strue and accurate gwered to execute t	and that my signa this report as requ	ature shall have the s	sama lenal etter	ot as if made under oath as; and that my name ap	n: that I am an officer opears in Block 10 or	or director Block 11 if
SIGNAT	URE:	SIGNATURE AND PYPEUOR	PRINTED NAME OF SIGNII	NG OFFICER OR DIREC	TOR		7/14/0 Date	(467) 20 Obylene Prione #	12-8210