

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000033787

1. Entity Name

JERRY'S REMODELING & HOME REPAIRS, INC.



Principal Place of Business

46 S TALBOTT AVE
MASCOTTE FL 34753

Mailing Address

P O BOX 692
MASCOTTE FL 34753



2. Principal Place of Business

46 South Talbott Ave

Suite, Apt. #, etc.

3. Mailing Address

P O Box 692

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Mascotte Fla.

City & State

Mascotte Fla.

4. FEI Number

42-1624102

Applied For

Not Applied

Zip

34753

Country

United States

Zip

34753

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONE, JERRY LEE
46 S TALBOTT AVE
MASCOTTE FL 34753

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/3/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME STONE, JERRY LEE
STREET ADDRESS 46 S TALBOTT AVE
CITY-ST-ZIP MASCOTTE FL 34753

TITLE ☐ Change ☐ Add
NAME U000000426912
STREET ADDRESS 02/20/06-80063-006 158.75
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STONE, JANICE
STREET ADDRESS 46 S TALBOTT AVE
CITY-ST-ZIP MASCOTTE FL 34753

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jerry Stone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06

Date

Daytime Phone #