

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90056 040 ***150.00

DOCUMENT # P04000047209 1. Entity Name JACK JENNINGS FINISH CARPENTRY CORP.					
Principal Place of Business 12295 SW 151 STREET, #110 MIAMI, FL 33186			Mailing Address 12295 SW 151 STREET, #110 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box # 8841 SW 212 Ter		3. Mailing Address 8841 SW 212 Ter			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI FL.		City & State MIAMI FL.		4. FEI Number 30-0236697	
Zip 33189		Country MIAMI/DAE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENNINGS, JACK 7803 N KENDALL DR F-301 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name JENNINGS JACK Street Address (P.O. Box Number is Not Acceptable) 8841 SW 212 Ter City MIAMI FL FL Zip 33189	
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 is not acceptable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution ☐ \$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 2007		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs JENNINGS, JACK 7803 N KENDALL DR F-301 MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs JENNINGS JACK 8841 SW 212 Ter MIAMI FL 33189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>JACK JENNINGS</u> 8/14/07 786-553-1132 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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