

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000073388

1. Entity Name:

J. THOMAS PLASTERING INC.



Principal Place of Business

5C5-RD MMBB
DAYTONA BEACH FL 32114

Mailing Address

P.O. BOX 9203
DAYTONA BEACH FL 32120



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 56-2457142

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JACK
956 ESSEX ROAD
DAYTONA BEACH FL 32117

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 constituting)

DATE

FILE NOW!!! FEE IS: \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME THOMAS, JACK - ☐ Delete
STREET ADDRESS P.O. BOX 9203
CITY-ST-ZIP DAYTONA BEACH FL 32120

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 000000947573 ☐ Change ☐ Addition
STREET ADDRESS 06/02/08-90019-024 150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 386-252-1335

Date

Print the Name