## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 08, 2007 8:00 am Secretary of State DOCUMENT # P04000084768 1. Entity Name 03-08-2007 90019 042 \*\*\*150.00 J & G EXTERIORS, INC. Principal Place of Business 8655 MARIETTA MEADOWS DRIVE 8655 MARIETTA MEADOWS DRIVE JACKSONVILLE FL 32220 JACKSONVILLE FL 32220 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 54-2153684 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHILLIPS, JAMES L JR 8655 MARIETTA MEADOWS DRIVE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32220 City 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, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE\_NOW!!!\_FEE\_IS\_\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HILE ☐ Delete TITLE Addition murray James Phillips 9334 Caystal springs Rd PHILLIPS, JAMES L JR NAME NAME 8655 MARIETTA MEADOWS DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32220 CITY+ST-ZIP CHY-SI-ZIP Tacksorville F1. 3222 1000 Delete HILE Change ☐ Addition PHILLIPS, GLENDA C NAME NAME 8655 MARIETTA MEADOWS DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32220 CITY-S1-ZIP CITY - ST - ZIP THE mu. ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP TIFLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP mu ☐ Delete HIII Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE · 🔲 - dutition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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12. I horeby 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'er; 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 11 if changed, or on an attachment with an address, with all other like empowered.