

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90064 034 ***150.00

DOCUMENT # P04000090095 1. Entity Name JAYBIRD TIMBER & SHADE CO., INC.					
Principal Place of Business 147 N MAIN STREET WILLISTON, FL 32696			Mailing Address PO BOX 833 WILLISTON, FL 32696		
2. Principal Place of Business 5151 N.E. 167th Ct.		3. Mailing Address Suite, Apt. #, etc.			
City & State Williston, FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-1251831	
Zip 32696		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAUBER, JAY 147 N MAIN STREET WILLISTON, FL 32696				7. Name and Address of New Registered Agent Name Huber, Jay Street Address (P.O. Box Number is Not Acceptable) 5151 NE 167th Ct. City Williston FL Zip Code 32696	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent's signature required under new statute)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUBER, JAY 147 N MAIN STREET WILLISTON, FL 32696	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Jay Huber 5151 N.E. 167th Ct. Williston, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUBER, PAM 147 N MAIN STREET WILLISTON, FL 32696	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Pam Huber 5151 N.E. 167th Ct. Williston, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Pam Huber		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pam Huber		Date: 1/31/05 352-528-5877	