
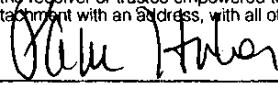


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90386 036 \*\*\*150.00

<b>DOCUMENT # P04000090095</b> 1. Entity Name <b>JAYBIRD TIMBER &amp; SHADE CO., INC.</b>					
Principal Place of Business <b>5451 NE 167TH CT</b> <b>WILLISTON, FL 32696</b>			Mailing Address <b>PO BOX 833</b> <b>WILLISTON, FL 32696</b>		
2. Principal Place of Business - No P.O. Box # <b>6850 NE 150TH Ave.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Williston FL</b>		City & State		4. FEI Number <b>20-1251831</b>	
Zip <b>32696</b>		Country <b>Levy</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUBER, JAY</b> <b>5451 NE 167TH CT</b> <b>WILLISTON, FL 32696</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6850 NE 150TH Ave.</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>VP</b>	NAME <b>HUBER, JAY</b>		TITLE <b>P.O. Box 833</b>	NAME <b>P.O. Box 833</b>	
STREET ADDRESS <b>5451 NE 167TH CT</b>	CITY-ST-ZIP <b>WILLISTON, FL 32696</b>		STREET ADDRESS <b>P.O. Box 833</b>	CITY-ST-ZIP <b>P.O. Box 833</b>	
TITLE <b>ST</b>	NAME <b>HUBER, PAM</b>		TITLE <b>P.O. Box 833</b>	NAME <b>P.O. Box 833</b>	
STREET ADDRESS <b>5451 NE 167TH CT</b>	CITY-ST-ZIP <b>WILLISTON, FL 32696</b>		STREET ADDRESS <b>P.O. Box 833</b>	CITY-ST-ZIP <b>P.O. Box 833</b>	
TITLE <b>P</b>	NAME <b>MORGAN, MICHAEL</b>		TITLE <b>P.O. Box 833</b>	NAME <b>P.O. Box 833</b>	
STREET ADDRESS <b>18291 S.E. 18TH LN</b>	CITY-ST-ZIP <b>WILLISTON, FL 32696</b>		STREET ADDRESS <b>P.O. Box 833</b>	CITY-ST-ZIP <b>P.O. Box 833</b>	
TITLE <b>VP</b>	NAME <b>HUBER, JAY</b>		TITLE <b>P.O. Box 833</b>	NAME <b>P.O. Box 833</b>	
STREET ADDRESS <b>5451 NE 167TH CT</b>	CITY-ST-ZIP <b>WILLISTON, FL 32696</b>		STREET ADDRESS <b>P.O. Box 833</b>	CITY-ST-ZIP <b>P.O. Box 833</b>	
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: 			4/24/08 352528-5261		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		