

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

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90092 035 \*\*\*150.00

DOCUMENT # PC4000102044

1. Entity Name

JP HOME RENOVATIONS INC



**DO NOT WRITE IN THIS SPACE**

**20028590**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1748

Suite, Apt. #, etc.

P.O. Box 401

City & State

EUSTIS FL.

City & State

ABILENE KANSAS

4. FEI Number

02-0728141

Applied For

Not Applicable

Zip

32727

Country

LAKE

Zip

67410

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

LARRY ODEN

Street Address (P.O. Box Number is Not Acceptable)

303 MONROE

City

WOLLYWOOD

**FL**

Zip Code

33019

**DO NOT WRITE  
IN THIS SPACE**

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]  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/06

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>JAMES PAUL</u> <u>P.O. Box 1748</u> <u>EUSTIS, FL. 32727</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] J H PAUL

4/8/06

352-427-4987