

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000117185

FILED
Jul 11, 2005
Secretary of State

Entity Name: J & K COMPLETE PAINTING AND RESTORATION, INC.

Current Principal Place of Business:

6713 S. WHIPPOORWILL CIRCLE
FLORAL CITY, FL 34436 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 346
FLORAL CITY, FL 34436 US

New Mailing Address:

FEI Number: 42-1554536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASON, KIMBERLY L
6713 S. WHIPPOORWILL CIRCLE
FLORAL CITY, FL 34436 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHASON, KIMBERLY L
Address: 6713 S. WHIPPOORWILL CIRCLE
City-St-Zip: FLORAL CITY, FL 34436 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MCDANIEL, LARRY D JR
Address: 6713 S. WHIPPOORWILL CIR
City-St-Zip: FLORAL CITY, FL 34436 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY D MCDANIEL JR

VP

07/11/2005

Electronic Signature of Signing Officer or Director

Date