


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90184 002 \*\*\*150.00

<b>DOCUMENT # P04000117707</b>					
1. Entity Name JK PRECISION CARPENTRY, INC.					
Principal Place of Business 425 NW 6TH ST. HOMESTEAD, FL 33030			Mailing Address 425 NW 6TH ST. HOMESTEAD, FL 33030		
2. Principal Place of Business - No P.O. Box # 2288 Cape Heather Circle Suite, Apt. #, etc.		3. Mailing Address 2288 Cape Heather Circle Suite, Apt. #, etc.		 04152007    Chg-P    CR2E034 (12/06)	
City & State Cape Coral, FL 33991 Zip                      Country		City & State Cape Coral, FL 33991 Zip                      Country		4. FEI Number 51-0522878 Applied For Not Applicable	
6. Name and Address of Current Registered Agent  KAUFMANN, JOSEPH 425 NW 6TH ST. HOMESTEAD, FL 33030				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2288 Cape Heather Circle City Cape Coral, FL                      FL                      Zip Code 33991	
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 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 KAUFMAN, JOSEPH 425 NW 6TH ST. HOMESTEAD, FL 33030 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2288 Cape Heather Circle Cape Coral, FL 33991 <input 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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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	
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: <u>Joseph Kaufman</u> President    4/15/07 (239) 601-8444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					