


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90089 047 ***150.00

| | |
|--------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P04000135733 |  |
| 1. Entity Name J & B HOME REPAIRS, INC. | |

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| Principal Place of Business 6005 N. WICKAM ROAD, UNIT M12 MELBOURNE, FL 32940 | Mailing Address 6005 N. WICKAM ROAD, UNIT M12 MELBOURNE, FL 32940 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02252005 Chg-P CR2E034 (10/03)

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|-----------------------------------|--------------------------------------------------------|
| 4. FEI Number 571212908 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BRUNER, JAMES E 6005 N. WICKAM ROAD, UNIT M12 MELBOURNE, FL 32940 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 |
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|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST BRUNER, JAMES E 6005 N. WICKAM ROAD, UNIT M12 MELBOURNE, FL 32940 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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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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: JAMES E. BRUNER **JAMES E. BRUNER** 3-31-05 321-729-8018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #