


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-02-2005 90423 020 ***150.00

DOCUMENT # P04000159318			
1. Entity Name JR'S PRECAST & HOME IMPROVEMENTS, INC.			
Principal Place of Business 360 N ORANGE AVE UMATILLA, FL 32784		Mailing Address 360 N ORANGE AVE UMATILLA, FL 32784	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 201938458		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, MELVIN JR 360 N ORANGE AVE UMATILLA, FL 32784		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 reissuing) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, MELVIN JR 360 N ORANGE AVE UMATILLA, FL 32784 <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)(f), 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: <i>Melvin Smith Jr.</i>		Pres <i>4/29/05 352-669-2643</i>	
SIGNATURE AND TYPED PRINTED NAME OF RECORDING OFFICER OR DIRECTOR		Date Daytime Phone #	

66018737



04292005 Chg-P CR2E034 (10/03)

Melvin Smith Jr

Pres

5/23/05 352-669-2643