

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031447

Entity Name: JASU FLORIDA ROOFING, INC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

211 HUNT STREET
CLERMONT, FL 34711

New Principal Place of Business:

2957 MAGNOLIA BLOSSOM CIRCLE
CLERMONT, FL 34711 US

Current Mailing Address:

P.O. BOX 714
GROVELAND, FL 34736

New Mailing Address:

PO BOX 430
MAGNOLIA, FL 34755 US

FEI Number: 20-2385225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIVA, JAIME
211 HUNT STREET
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

LEIVA, JAIME
2957 MAGNOLIA BLOSSOM CIRCLE
CLERMONT, FL 34711 US

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: JAIME LEIVA

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEIVA, JAIME
Address: 211 HUNT STREET
City-St-Zip: CLERMONT, FL 34711

Title: VPD (X) Delete
Name: BAKER, LEWIS
Address: 211 HUNT STREET
City-St-Zip: CLERMONT, FL 34711

Title: SD (X) Delete
Name: VARGAS, JUAN-CARLOS D
Address: 211 HUNT STREET
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEIVA, JAIME
Address: 2957 MAGNOLIA BLOSSOM CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAIME LEIVA

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date