

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038752

FILED
Jan 09, 2006
Secretary of State

Entity Name: JIM'S PAINTING & HOME REPAIR INC.

Current Principal Place of Business:

13242 COMPANION CIRCLE
JACKSONVILLE, FL 32224

New Principal Place of Business:

13242 COMPANION CIRCLE SOUTH
JACKSONVILLE, FL 32224

Current Mailing Address:

13242 COMPANION CIRCLE
JACKSONVILLE, FL 32224

New Mailing Address:

13242 COMPANION CIRCLE SOUTH
JACKSONVILLE, FL 32224

FEI Number: 56-2546868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUBER, CYNTHIA E
13242 COMPANION CIRCLE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

SUBER, CYNTHIA E
13242 COMPANION CIRCLE SOUTH
JACKSONVILLE, FL 32224 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: CYNTHIA E. SUBER

01/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUBER, JAMES C
Address: 13242 COMPANION CIRCLE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP/D () Delete
Name: SUBER, CYNTHIA E
Address: 13242 COMPANION CIRCLE
City-St-Zip: JACKSONVILLE, FL 32224

Title: T/S () Delete
Name: SUBER, CYNTHIA E
Address: 13242 COMPANION CIRCLE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SUBER, JAMES C
Address: 13242 COMPANION CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP/D (X) Change () Addition
Name: SUBER, CYNTHIA E
Address: 13242 COMPANION CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: T/S (X) Change () Addition
Name: SUBER, CYNTHIA E
Address: 13242 COMPANION CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

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: JAMES C. SUBER

P

01/09/2006

Electronic Signature of Signing Officer or Director

Date