


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90389 037 \*\*\*150.00

<b>DOCUMENT # P05000039750</b>	
1. Entity Name <b>J &amp; B'S SOFFIT &amp; SIDING, INC.</b>	

Principal Place of Business <b>2658 DEBBIE CT. JACKSONVILLE, FL 32210 US</b>	Mailing Address <b>2658 DEBBIE CT. JACKSONVILLE, FL 32210 US</b>
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40073107



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

04192006 Chg-P CR2E034 (11/05)

4. FEL Number <b>X 72-1595900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURGESS, JAMES E <del>5609 MARTINEZ ROAD</del> <b>1658 DEBBIE CT</b> <del>JACKSONVILLE, FL 32244</del> <b>JACKSONVILLE, FL</b> <b>32210</b>		Name <b>BURGESS, JAMES E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2658 DEBBIE CT</b> City <b>Jacksonville</b> FL <b>32210</b>	

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 *James E. Burgess* DATE **4-28-06**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BURGESS, JAMES E</b> <b>5609 MARTINEZ ROAD</b> <b>JACKSONVILLE, FL 32244</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BURGESS, JAMES E</b> <b>2658 DEBBIE CT</b> <b>JACKSONVILLE, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BURGESS, LONNIE E</b> <b>5609 MARTINEZ ROAD</b> <b>JACKSONVILLE, FL 32244</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PADADINO, MARIE NICHOLE</b> <b>2658 DEBBIE CT.</b> <b>JACKSONVILLE, FL 32210</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PADADINO, MARIE NICHOLE</b> <b>2658 DEBBIE CT</b> <b>JACKSONVILLE, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *James E. Burgess* DATE **4-28-06** (904) 338-1216

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)