

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90114 019 ***150.00

DOCUMENT # P05000039750

1. Entity Name

J & B'S SOFFIT & SIDING, INC.



Principal Place of Business

~~2658 DEBBIE CT.~~
~~JACKSONVILLE FL 32210~~

Mailing Address

~~2658 DEBBIE CT.~~
~~JACKSONVILLE FL 32210~~

US

1719 N.W. 9th DRIVE
JENNINGS, FL 32053 USA

US

P.O. Box 279
JENNINGS, FL 32053 USA



2. Principal Place of Business - No P.O. Box #

1719 N.W. 9th DRIVE

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

JENNINGS, FLA

City & State

FLA, JENNINGS

4. FEI Number

72-1595900

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGESS, JAMES E

~~2658 DEBBIE CT.~~
~~JACKSONVILLE FL 32210~~

1719 N.W. 9th DRIVE
JENNINGS, FL, USA
32053

7. Name and Address of New Registered Agent

Name

BURGESS, JAMES E

Street Address (P.O. Box Number is Not Acceptable)

1719 N.W. 9th DRIVE

City

JENNINGS

FL

Zip Code

32053

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 - P-

4-25-07

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS:

TITLE	P	<input type="checkbox"/> Delete
NAME	BURGESS, JAMES E	
STREET ADDRESS	2658 DEBBIE CT	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	T	<input type="checkbox"/> Delete
NAME	POLADINO, MARIA N	
STREET ADDRESS	2658 DEBBIE CT	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, JAMES E	
STREET ADDRESS	P.O. Box 279	
CITY - ST - ZIP	JENNINGS, FL 32053	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, MARIE N	
STREET ADDRESS	P.O. Box 279	
CITY - ST - ZIP	JENNINGS, FL 32053	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYSICAL ADD FOR BOTH	
STREET ADDRESS	1719 N.W. 9th DRIVE	
CITY - ST - ZIP	JENNINGS, FL 32053	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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

JAMES E BURGESS 4-25-07/904-338-1216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #