

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90259 050 ***158.75

DOCUMENT # P05000063704 1. Entity Name J & C LATHING AND DRYWALL INC.					
Principal Place of Business 16325 SW 17TH TERR RD OCALA, FL 34473				Mailing Address 16325 SW 17TH TERR RD OCALA, FL 34473	
2. Principal Place of Business 4954 SE 148TH ST. PLACE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 773386 Suite, Apt. #, etc.			
City & State SUMMERFIELD, FLORIDA		City & State OCALA, FLORIDA		4. FEI Number 20-2548441	
Zip 34491		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUEVAR, JAVIER 16325 SW 17TH TERR RD OCALA, FL 34473				7. Name and Address of New Registered Agent Name CUEVAR, JAVIER Street Address (P.O. Box Number is Not Acceptable) 4954 SE 148TH ST., PLACE City SUMMERFIELD FL Zip Code 34491	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DPVS CUEVAR, JAVIER 16325 SW 17TH TERR RD OCALA, FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS CUEVAR, JAVIER 4954 SE 148TH ST. PLACE SUMMERFIELD, FL 34491	<input checked="" 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 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:		JAVIER CUEVAR		01/11/2006	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		(352)216-3552 <small>Daytime Phone #</small>	