## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: ~

## Secrétary of State **DOCUMENT # P05000071620** 07-24-2006 90002 015 \*\*\*150.00 1. Entity Name JAQUETT ERECTION, INC. Principal Place of Business Mailing Address **JUUGGJJb** 7427 MERRILL ROAD 7427 MERRILL ROAD JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 20-2880733 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAQUETT, FRANK D Street Address (P.O. Box Number is Not Acceptable) 7427 MERRILL ROAD JACKSONVILLE, FL 32277 City Zip Code 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 at registered age SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete TITI F ☐ Change NAME JAQUETT, FRANK D NAME STREET ADDRESS 7427 MERRILL ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE JAQUETT, DAVID A NAME 7427 MERRILL ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32277 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition ARNETT, JILL J NAME NAME STREET ADDRESS 7427 MERRILL ROAD STREET ADDRESS JACKSONVILLE, FL 32277 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED Jul 24, 2006 8:00 am