


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90035 030 \*\*\*150.00

<b>DOCUMENT # P05000081551</b>					
<b>1. Entity Name</b> JJSTEFAN CARPENTRY INC					
<b>Principal Place of Business</b> <del>12512 DAWN VISTA DR</del> <del>RIVERVIEW, FL 33569</del> US			<b>Mailing Address</b> <del>12512 DAWN VISTA DR</del> <del>RIVERVIEW, FL 33569</del> US		
<b>2. Principal Place of Business - No P.O. Box #</b> 9322 Stone River Pl		<b>3. Mailing Address</b> 9322 Stone River Pl			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Riverview FL		<b>City &amp; State</b> Riverview FL		<b>4. FEI Number</b> 20-2953777	
<b>Zip</b> 33569		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STEFAN, JONATHAN J <del>12512 DAWN VISTA DR</del> RIVERVIEW, FL 33569			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 9322 Stone River Pl City <b>FL</b> Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> STEFAN, JONATHAN J		<input type="checkbox"/> Delete	<b>TITLE</b> Stefan, Jonathan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <del>12512 DAWN VISTA DR</del>	<del>RIVERVIEW, FL 33569</del>		<b>STREET ADDRESS</b> 9322 Stone River Pl	Riverview FL 33569	
<b>CITY-ST-ZIP</b>	RIVERVIEW, FL 33569		<b>CITY-ST-ZIP</b>	Riverview FL 33569	
<b>TITLE</b> VP	<b>NAME</b> STEFAN, JOSEPH N		<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 12512 DAWN VISTA DR	RIVERVIEW, FL 33569		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	RIVERVIEW, FL 33569		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> _____			4/30/07 813 416 4087		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		