


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90044 019 \*\*\*150.00

<b>DOCUMENT # P05000101057</b> 1. Entity Name <b>JBEARD INSTALLATIONS INC.</b>			
Principal Place of Business <b>1812 VICTORY PALM DR EDGEWATER, FL 32132</b>		Mailing Address <b>1812 VICTORY PALM DR EDGEWATER, FL 32132</b>	
2. Principal Place of Business <b>636 Tomoka Avenue</b>		3. Mailing Address <b>636 Tomoka Avenue</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Ormond Beach FL</b>		City & State <b>Ormond Beach FL</b>	
Zip <b>32174</b>		Zip <b>32174</b>	
Country 		Country 	
4. FEI Number <b>20-3172918</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BEARD, JASON 1812 VICTORY PALM DR EDGEWATER, FL 32132</b>		7. Name and Address of New Registered Agent Name <b>Beard, Jason</b> Address (P.O. Box Number is Not Acceptable) <b>636 Tomoka Avenue</b>  <b>Ormond Beach FL 32174</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <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>	
TITLE <b>PVST</b> NAME <b>BEARD, JASON</b> STREET ADDRESS <b>1812 VICTORY PALM DR</b> CITY-ST-ZIP <b>EDGEWATER, FL 32132</b>	<input type="checkbox"/> Delete	TITLE <b>PVST</b> NAME <b>Beard Jason</b> STREET ADDRESS <b>636 Tomoka Avenue</b> CITY-ST-ZIP <b>Ormond Beach FL 32174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Jason Beard</b>		<b>Jason Beard</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>1/26/06</b> Daytime Phone: <b>386-679-4935</b>	