## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P05000119655**



FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90304 042 \*\*\*150.00

JAX HOME REPAIR & PAINTING, INC.								04-10-2006 90304 042 ***130.00				
				Mailing Address								
4825 ANDROMEDA RD IACKSONVILLE, FL 32210				4825 ANDROMEDA RD JACKSONVILLE, FL 32210				h Beio) aim bemi agui ag	·B: #BB: ##= 18			
2. Principal Place of Business			3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			01162006	Chg-P	CR2E0	34 (11/05)		
City & State			Cit	City & State			4. FEI Numb	er -341110	4	<u> </u>	oplied For of Applicable	
Zip	Country				Coun	itry	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Register				red Agent		<u></u>	7. Name and	Address of New I	Registered A	gent		
JENKINS, SONYA R						Name						
4825 ANDROMEDA RD JACKSONVILLE, FL 32210						Street Address (P.O. Box Number is Not Acceptable)						
						City	<u>.</u>		FL	Zip Cod	<u></u>	
8. The above	named entity	submits this state nent	or the pur	pose of changing its	renisteri	ed office or regis	stered agent, or bo	th in the State of FI		emiliar with	and accept	
the obliga	tions of egist	ered agent.		poog or or all 19 mg mo		ou omou or rught	norca agam, ar ac	, ** *** *** ****	onda, Tami	21111121 WILLI	and accept	
SIGNATURE	Signature, typedy	br printed name of registered ager	nt and title if ap	oplicable. (NOT	E: Regisiere	d Agent signature requ	uired when reinstating)		DATE			
		FEE IS \$150.00 5 Fee will be \$550	.00	9. Election Campa Trust Fund Cont	_		5.00 May Be Added to Fees					
10.	T	OFFICERS AND	DIRECTO		11.		ADDITIONS	CHANGES TO OFF	ICERS AND		S IN 11	
TITLE NAME	PVP	AZEL C		☐ Delete	TITLE					Change	Addition	
STREET ADDRESS	JENKINS, AZEL G 4825 ANDROMEDA RD				NAM STRE	ET ADORESS						
CITY; ST-ZIP	II .	IVILLE, FL 32210				-ST-ZiP						
TITLE	ST			Delete	TITLE		•	, ,,,,,,		Change	☐ Addition	
NAME	1	SONYA R			NAM	-						
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12. I hereby certify that the information supplied with this filling 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 attactoment with an address, with all other like empowered.

SIGNATURE:

FRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF

370-0072