


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90105 017 \*\*\*150.00

<b>DOCUMENT #</b> P05000151112	
<b>1. Entity Name</b> J & I IMPROVEMENTS AND SERVICES, INC.	

<b>Principal Place of Business</b> 424 TAYLOR VILLE ST DELTONA, FL 32725	<b>Mailing Address</b> 424 TAYLOR VILLE ST DELTONA, FL 32725
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<b>2. Principal Place of Business - No P.O. Box #</b> 5689 CHARLESTON ST	<b>3. Mailing Address</b> 5689 CHARLESTON ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> ORLANDO FL	<b>City &amp; State</b> ORLANDO FL
<b>Zip</b> 32807	<b>Zip</b> 32807
<b>Country</b> U.S.	<b>Country</b> U.S.



04172008 Chg-P CR2E034 (12/06)

<b>4. FEI Number</b> APPLIED FOR 20 - 381697	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

PAGUADA, JUAN C  
424 TAYLOR VILLE ST  
DELTONA, FL 32725

**7. Name and Address of New Registered Agent**

**Name** PAGUADA JUAN C  
**Street Address (P.O. Box Number is Not Acceptable)**  
  
**City** FL **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 of registered agent.

**SIGNATURE**   
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** 4/17/08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Delete
	PAGUADA, JUAN C	424 TAYLOR VILLE ST	DELTONA, FL 32725	
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PAGUADA JUAN C	5689 CHARLESTON ST	ORLANDO FL 32807	
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE** 4/17/08 **DAYTIME PHONE #**