03-29-2006 90124 013 ***150.00
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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUN -8 AM 10: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P05000155718

1. Entity Name
JB PLASTER INC

Principal Place of Business	Mailing Address
26747 STARDUST BONITA SPRINGS, FL 34135	1323 LAFAYETTE STREET SUITE A CAPE CORAL, FL 33904

02132006 Chg-P CR2E034 (11/05) 06

2. Principal Place of Business		3. Mailing Address	
		26340 Old 41	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C	
City & State		City & State Bonita Springs, FL	
Zip	Country	Zip 34135	Country Lee

4. FEI Number 97-7779742 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARCENEAUX, MICHAEL
1323 LAFAYETTE STREET
SUITE A
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name Maria Martinez
Street Address (P.O. Box Number Is Not Acceptable) 26340 Old 41 suite C
City Bonita Springs FL. 341 FL Zip Code 34135

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 Juan Reyes 3-10-6
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	REYES, JUAN		NAME		
STREET ADDRESS	26747 STARDUST		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Juan Reyes 3-10-6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell JUN 13 2006