

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167294

Entity Name: JUST COUNTER TOPS, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

1029 W MAGNOLIA ST  
LEESBURG, FL 34748

## New Principal Place of Business:

4201 W OLD US HWY 441 #C  
MOUNT DORA, FL 32757

## Current Mailing Address:

4201 W OLD HWY 441  
MOUNT DORA, FL 32757

## New Mailing Address:

PO BOX 117  
TAVARES, FL 32778

FEI Number: 14-1945234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAYLOR, L.E.  
1029 W MAGNOLIA ST  
LEESBURG, FL 34748 US

## Name and Address of New Registered Agent:

BARRIOS, MAIDA  
4201 W OLD US HWY 441 #C  
MOUNT DORA, FL 32757 US

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.

SIGNATURE: MAIDA BARRIOS

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BARRIOS, MAIDA  
Address: 1029 W MAGNOLIA ST  
City-St-Zip: LEESBURG, FL 34748

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BARRIOS, MAIDA  
Address: 4201 W OLD US HWY 441 #C  
City-St-Zip: TAMPA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAIDA BARRIOS

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date