

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P06000052303

1. Entity Name

JOELS HOME ALTERATION, INC.



Principal Place of Business

5601 HAINS ROAD NORTH
ST. PETERSBURG FL 33714
US

Mailing Address

5601 HAINS ROAD NORTH
ST. PETERSBURG FL 33714

2. Principal Place of Business - No P.O. Box #

3210 38th St. N.

3. Mailing Address

3210 38th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete. FL.

City & State

St. Pete. FL.

4. FEI Number

20-4679939

Applied For

Not Applicable

Zip

33713

Country

Pinellas

Zip

33713

Country

Pinellas

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUTER, JOEL
5601 HAINS ROAD NORTH
ST. PETERSBURG FL 33714

Name - JOEL SAUTER
Street Address (P.O. Box Number is Not Acceptable)
3210 38th St. N.

City St. Pete. FL Zip Code 33713

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 JOEL SAUTER
Signature, typed or printed name of registered agent and title (if applicable)

Jul Saut
NOTE: Registered Agent signature required when reconstituting.

4-6-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP | P SAUTER, JOEL 5601 HAINS ROAD NORTH ST. PETERSBURG FL 33714 | <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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jul Saut

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-08

727-488-6397

Date

Daytime Phone #

