

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90052 008 \*\*\*150.00

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  
US



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

3210 38<sup>th</sup> St. N.

3. Mailing Address

3210 38<sup>th</sup> St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

Name - JOEL SAUTER

Street Address (P.O. Box Number is Not Acceptable)

3210 38<sup>th</sup> 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. Initials only.

Joel Sauter

NOTE: Registered Agent signature required when reappointing.

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

TITLE P ☐ Delete  
NAME SAUTER, JOEL  
STREET ADDRESS 5601 HAINS ROAD NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33714

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Joel Sauter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-08

Date

727-488-6397

Daytime Phone #