


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P06000109042		
1. Entity Name JEEVAN&JEEVANGARAGEDOORS INC		
Principal Place of Business 2261 SHADOW RIDGE DR DELTONA, FL 32725 US		Mailing Address 2261 SHADOW RIDGE DR DELTONA, FL 32725 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SALLAPUDI, HAMALATHA R 2261 SHADOW RIDGE DR DELTONA, FL 32725		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SALLAPUDI, FLEMING V 2261SHADOW RIDGE DR DELTONA, FL 32725	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLMAN, JOHN 211 ORANGE BLVD OSTEEN, FL 32764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SALLAPUDI, HAMALATHA R 2261 SHADOW RIDGE DR DELTONA, FL 32725	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ALLMAN, TERI 211 ORANGE BLVD OSTEEN, FL 32764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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: <u>John Allman (JOHN ALLMAN)</u>		<u>04/07/08</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5696119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000291591
04/23/08-80031-009 150.00

**DO NOT WRITE
IN THIS SPACE**