## 2008 FOR PROFIT CORPORATION

## May 02, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P06000114360 J & L CONTRACT INSTALLATIONS INC Principal Place of Business Mailing Address 141 ANDREWS LANE PO BOX 1474 SAN MATEO, FL 32187 PALATKA, FL 32178 US 04292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5510481 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMPSON, JASON DO NOT WRITE 141 ANDREWS LANE SAN MATEO, FL 32187 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 arm familiar with, and accept the obligations of registered agent. and the second SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (C. \* \* \*\* (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE THOMPSON, JASON NAME STREET ADDRESS 141 ANDREWS LANE U000000944910 SAN MATEO, FL 32187 CITY-ST-ZIP 05/29/08-80119-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 in the corporation of the corporation of the corporation of the receiver of the same legal entry. all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY - ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED