


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90008 006 ***150.00

DOCUMENT # P06000116762			
1. Entity Name J & D PAINTING & REPAIR OF DESOTO, INC			
Principal Place of Business 1112 SE 8TH AVE ARCADIA, FL 34266		Mailing Address 1112 SE 8TH AVE ARCADIA, FL 34266	
2. Principal Place of Business - No P.O. Box # 509 Clark Lane		3. Mailing Address 509 Clark Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Arcadia, FL		City & State Arcadia, FL	
Zip 34266	Country Desoto	Zip 34266	Country Desoto
4. FEL Number 20-5519353		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUSER, JAMES C 1112 SE 8TH AVE ARCADIA, FL 34266		7. Name and Address of New Registered Agent Name: James Houser Street Address (P.O. Box Number is Not Acceptable): 509 Clark Lane City: Arcadia FL Zip Code: 34266	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: HOUSER, JAMES C STREET ADDRESS: 1112 SE 8TH AVE CITY-ST-ZIP: ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE: P NAME: James Houser STREET ADDRESS: 509 Clark Lane CITY-ST-ZIP: Arcadia, FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: HOUSER, JEWELL D STREET ADDRESS: 1112 SE 8TH AVE CITY-ST-ZIP: ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE: VP NAME: Jewell Houser STREET ADDRESS: 509 Clark Lane CITY-ST-ZIP: Arcadia, FL 34266	<input checked="" 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 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>James C. Houser Jr.</u>		Date: <u>9/4/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	