

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023612

Entity Name: JSJ STRIPING, INC.

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

15157 SW 75TH AVE
STARKE, FL 32091

New Principal Place of Business:

13089 NW 89TH AVENUE
LAKE BUTLER, FL 32054

Current Mailing Address:

15157 SW 75TH AVE
STARKE, FL 32091

New Mailing Address:

13089 NW 89TH AVENUE
LAKE BUTLER, FL 32054

FEI Number: 20-8502947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOFF, JAMES T
15157 SW 75TH AVE
STARKE, FL 32091 US

Name and Address of New Registered Agent:

GOFF, JAMES T
13089 NW 89TH AVENUE
LAKE BUTLER, FL 32054 US

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.

SIGNATURE: JAMES T GOFF

04/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOFF, JAMES T
Address: 15157 SW 75TH AVE
City-St-Zip: STARKE, FL 32091

Title: V () Delete
Name: GOFF, STEVEN E
Address: 762 GATLIN ST
City-St-Zip: MACCLENNY, FL 32063

Title: V () Delete
Name: GOFF, JAMES M
Address: 15157 SW 75TH AVE
City-St-Zip: STARKE, FL 32091

Title: DST () Delete
Name: GOFF, DEBORAH A
Address: 15157 SW 75TH AVE
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GOFF, JAMES T
Address: 13089 NW 89TH AVENUE
City-St-Zip: LAKE BUTLER, FL 32054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: GOFF, JAMES M
Address: 13089 NW 89TH AVENUE
City-St-Zip: LAKE BUTLER, FL 32054

Title: DST (X) Change () Addition
Name: GOFF, DEBORAH A
Address: 13089 NW 89TH AVENUE
City-St-Zip: LAKE BUTLER, FL 32054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T GOFF

DP

04/15/2008

Electronic Signature of Signing Officer or Director

Date