

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000061843

1. Entity Name
JASON DISS TEXTURE & REPAIR, INC.



Principal Place of Business
36 W. SUGARMAPLE CT.
BEVERLY HILLS, FL 34465 US

Mailing Address
36 W. SUGARMAPLE CT.
BEVERLY HILLS, FL 34465 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292008 Chg-P CR2E034 (12/06)

4. FEI Number
26-0230624

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DISS, JASON
36 W. SUGARMAPLE CT.
BEVERLY HILLS, FL 34465

7. Name and Address of New Registered Agent

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

City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVD
NAME DISS, JASON
STREET ADDRESS 36 W. SUGARMAPLE CT.
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE S
NAME DISS, LANETTE
STREET ADDRESS 36 W. SUGARMAPLE CT.
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Apr 2008 (352) 697-1247
697-1247
Daytime Phone #