2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 08:00 AM Secretary of State DOCUMENT # P95000040062 1. Entity Name JERRON DECKING & PAINT, INC. Principal Place of Business Mailing Address 124 MARGO LANE 124 MARGO LANE LONGWOOD, FL 32750 LONGWOOD, FL 32750 No Chg-P CR2E034 (11/05) 04132008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3316232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TUBMAN, RONALD W 124 MARGO LANE LONGWOOD, FL 32750 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. Signature, typed or printed name of registered agent and title if applicable. (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 10. OFFICERS AND DIRECTORS STP TITLE TUBMAN, RONALD W NAME U00000903090 04/30/08-80030-023 150.00 STREET ADDRESS 124 MARGO LANE CITY-ST-ZIP LONGWOOD, FL 32750 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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 Champles Lubona

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4/13/08