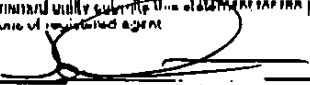
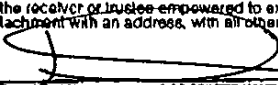


FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90088 003 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P050000000014 1. Entity Name JON'S XTERIOR CONCEPTS CORPORATION			
Principal Place of Business 15000 SAVANNAH DR NAPLES, FL 34119		Mailing Address 15000 SAVANNAH DR NAPLES, FL 34119	
DO NOT WRITE IN THIS SPACE			
4. FEI Number 65-0630660		Applied For ☒ Not Applicable	
5. Continuation of State Franchise ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IRWIN, JON 15000 SAVANNAH DR NAPLES, FL 34119		DO NOT WRITE IN THIS SPACE	
I, the above named entity, submit this statement for the purpose of complying with the requirements of Chapter 607, Florida Statutes, 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 another like empowered.			
SIGNATURE: 		DATE: <u>5/1/05</u>	
FILE NOW!!! FEE IS \$350.00 Due by September 7, 2005		7. EROUUT Corporation Financing Trust Fund Contribution ☐ \$5.00 may Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRWIN, JONATHAN G 15000 SAVANNAH DR NAPLES, FL 34119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.			
SIGNATURE: 		DATE: <u>5/1/05</u> <u>239-348-2800</u>	