


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90019 013 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P96000043485 | | | |  | |
| 1. Entity Name J&A CONTRACTORS INC. | | | | | |
| Principal Place of Business 4430 ORCHID BLVD.. CAPE CORAL, FL 33904 | | | Mailing Address 4430 ORCHID BLVD. CAPE CORAL, FL 33904 | | |
| 2. Principal Place of Business 5924 Tarpon Garden Circle #202 Suite, Apt. #, etc. | | 3. Mailing Address 5924 Tarpon Garden Circle #202 Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0669941 | |
| Zip 33914 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FREE, JEFFREY A 4430 ORCHID BLVD STE 3 CAPE CORAL, FL 33904 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5924 Tarpon Garden Circle #202 City Cape Coral FL Zip Code 33914 | | |
| 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) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete FREE, JEFFREY A 5924 TARPON GARDEN CIR # 202 CAPE CORAL, FL 33914 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS <input type="checkbox"/> Delete FREE, ALISON C 5334 MIKADO CT CAPE CORAL, FL 33904 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT <input type="checkbox"/> Delete CORCORAN, KACIE R 4430 ORCHID BLVD # 3 CAPE CORAL, FL 33904 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 5924 Tarpon Garden Circle #202 Cape Coral, FL 33914 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5924 Tarpon Garden Circle #202 Cape Coral, FL 33914 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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: _____ 2-15-06 994-0451 <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |