

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90190 006 ***150.00

DOCUMENT # P98000053892

1. Entity Name
JAXS SEAMLESS GUTTER, CO.



Principal Place of Business
**4402 WHISPERING INLET DR
JACKSONVILLE, FL 32277**

Mailing Address
**4402 WHISPERING INLET DR
JACKSONVILLE, FL 32277**

2. Principal Place of Business
7072 BRIGHTWATER DR
Suite, Apt. #, etc.

3. Mailing Address
7072 BRIGHTWATER DR
Suite, Apt. #, etc.



04262006 Chg-P CR2E034 (11/05)

City & State
KEYSTONE HEIGHTS FL
Zip
32656
Country
USA

City & State
KEYSTONE HEIGHTS FL
Zip
32656
Country
USA

4. FEI Number
59-3517270
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSE, WILLIAM
4402 WHISPERING INCET DR
JACKSONVILLE, FL 32277**

7. Name and Address of New Registered Agent

Name
ROSE WILLIAM
Street Address (P.O. Box Number is Not Acceptable)
7072 BRIGHTWATER DR
City
KEYSTONE HEIGHTS FL Zip Code
32656

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 **ROSE WILLIAM**

[Signature]

4-24-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
ROSE, WILLIAM
4402 WHISPERING INLET DR
JACKSONVILLE, FL 32277** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROSE, DIANE
4402 WHISPERING INLET DR
JACKSONVILLE, FL 32277** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
ROSE WILLIAM
7072 BRIGHTWATER DR
KEYSTONE HEIGHTS, FL 32656** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROSE STANLEY DIANE
7072 BRIGHTWATER DR
KEYSTONE HEIGHTS, FL 32656** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: **WILLIAM ROSE** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

Date

Daytime Phone #