


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000082960
1. Entity Name
J & E PLASTERING, INC.



Principal Place of Business
3190 SOUTH STATE ROAD NO. 7
MIRAMAR, FL 33023

Mailing Address
3190 SOUTH STATE ROAD NO. 7
MIRAMAR, FL 33023



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0867105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSON, ETHEL
3190 S STATE RD 7 #A5
MIRAMAR, FL 33023

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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 Ethel Johnson DATE 4-27-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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

U00000555302
05/16/06-80027-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	JOHNSON, ETHEL
STREET ADDRESS	3190 S STATE ROAD 7 #A5
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VT
NAME	JOHNSON, JAMES
STREET ADDRESS	3190 S STATE ROAD NO. 7 #A5
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ethel Johnson DATE 4-27-2006 DAYTIME PHONE # 954-893-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR