

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90007 018 \*\*\*150.00

**44010683**



01222004 Chg-P CR2E034 (10/03)

**DOCUMENT # 530129**  
 1. Entity Name  
**JLM CONSTRUCTION, INC.**

Principal Place of Business: **412 N E 16TH AVE, P O BOX 1776, GAINESVILLE, FL 32601**  
 Mailing Address: **412 N E 16TH AVE, P O BOX 1776, GAINESVILLE, FL 32601**

2. Principal Place of Business: **4127 NW 27th Ln, Suite A, Gainesville, FL 32606, USA**  
 3. Mailing Address: **PO Box 357845, Gainesville, FL 32635, USA**

4. FEI Number: **59-1969850**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEE, DENNIS G. 412 N.E. 16TH AVE. GAINESVILLE, FL 32601**

7. Name and Address of New Registered Agent  
 Name: **Lee, Dennis G.**  
 Street Address (P.O. Box Number is Not Acceptable): **4127 NW 27th Ln, Suite A**  
 City: **Gainesville** FL Zip Code: **32606**

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: **Dennis G. Lee** DATE: **1/29/04**

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSD NAME: LEE, DENNIS G STREET ADDRESS: 412 NE 16TH AVE. CITY-ST-ZIP: GAINESVILLE, FL	<input type="checkbox"/> Delete →	TITLE: PSD NAME: Lee, Dennis G. STREET ADDRESS: 4127 NW 27th Ln, Suite A CITY-ST-ZIP: Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VAS NAME: LEE, CARIDAD STREET ADDRESS: 412 NE 16TH AVE. CITY-ST-ZIP: GAINESVILLE, FL	<input type="checkbox"/> Delete →	TITLE: VAS NAME: Lee, Caridad STREET ADDRESS: 4127 NW 27th Ln, Suite A CITY-ST-ZIP: Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: DAVIES, LISA S STREET ADDRESS: 412 N.E. 16TH AVE. CITY-ST-ZIP: GAINESVILLE, FL	<input type="checkbox"/> Delete →	TITLE: AS NAME: Davies Lisa STREET ADDRESS: 4127 NW 27th Ln, Suite A CITY-ST-ZIP: Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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 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 all other like empowered.

SIGNATURE: **Dennis G. Lee** DATE: **1/29/04** DAYTIME PHONE #: **352-334-9776**