


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90052 005 ***150.00

DOCUMENT # 530129					
1. Entity Name JLM CONSTRUCTION, INC.					
Principal Place of Business 4127 NW 27TH LN., SUITE A SUITE A GAINESVILLE, FL 32606			Mailing Address PO BOX 357845 GAINESVILLE, FL 32635		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEE, DENNIS G. 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, DENNIS G		NAME		
STREET ADDRESS	4127 NW 27TH LN., SUITE A		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, CARIDAD		NAME		
STREET ADDRESS	4127 NW 27TH LN., SUITE A		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIES, LISA		NAME	Lisa Davies	
STREET ADDRESS	4127 NW 27TH LN., SUITE A		STREET ADDRESS	4127 NW 27th Ln, Suite A	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	Gainesville FL 32606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE: <u>Dennis G. Lee</u>		Dennis G. Lee		Date: <u>352-334-1976</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

40008750



01132005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1969850

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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, 2005 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 Delete
NAME LEE, DENNIS G
STREET ADDRESS 4127 NW 27TH LN., SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAS Delete
NAME LEE, CARIDAD
STREET ADDRESS 4127 NW 27TH LN., SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS Delete
NAME DAVIES, LISA
STREET ADDRESS 4127 NW 27TH LN., SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE Change Addition
NAME Lisa Davies
STREET ADDRESS 4127 NW 27th Ln, Suite A
CITY-ST-ZIP Gainesville FL 32606

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE: Dennis G. Lee Dennis G. Lee Date: 352-334-1976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #