

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90029 049 ***150.00

DOCUMENT # *P03000 119928*

1. Entity Name
JMATHIS CONTRACTING INC

DO NOT WRITE IN THIS SPACE

60007226

2. Principal Place of Business
1784 HOLLOW GLEN DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIDDLEBURG, FL

City & State

4. FEI Number
01-0801604

Applied For
 Not Applicable

Zip 32068 **Country**

Zip **Country**

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MATHIS, JOHN A.

Street Address (P.O. Box Number is Not Acceptable)
1784 HOLLOW GLEN DR

City MIDDLEBURG **FL** **Zip Code** 32068

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 *John A. Mathis* **JOHN A. MATHIS, DIRECTOR** **1-18-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, JOHN A. 1784 HOLLOW GLEN DR MIDDLEBURG, FL 32068
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John A. Mathis* **JOHN A. MATHIS** **1-18-07** **904 993-3180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #