

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

FILED ATX1
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000119928	
1. Entity Name	
JMATHIS CONTRACTING INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1784 HOLLOW GLEN DR Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State MIDDLEBURG, FL	City & State
Zip 32068	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0801604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	State 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 _____ **DATE** _____

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

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	
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME	D
STREET ADDRESS	MATHIS, JOHN A.
CITY-ST-ZIP	1784 HOLLOW GLEN DR MIDDLEBURG, FL 32068
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
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11.	
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TITLE NAME	
STREET ADDRESS	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-12-08**

JOHN A. MATHIS

904 993-3180

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