FILED Apr 14, 2008 8:00 am Secretary of State

2008	FOR	PRO	FIT	COF	RPO	RAT	'ION
	Α	NNU.	AL I	REP	ORT	•	

DOCUMENT # P04000031033 1. Entity Name JES CONSTRUCTION COMPANY, INC.							04-14-200	8 90027	028 ***1	50.00		
Principal Place of Business Mailing Address 1416 PACETTI ROAD 1416 PACETTI ROAD GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 3				FL 320	43	46000		# 07180 11 8 1	18 ADIRE KIRA I			
Principal Place of Business - No P.O. Box # Mailing Address												
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			04082008	Chg-P	CR2E0	34 (12/06)		
City & State		City & S	City & State		•	4. FEI Number 43-2042060				oplied For ot Applicable		
Zip		Country	Zip		Country		5. Certificate	e of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New F	Registered /	Agent		
HALL, CHA					-	Street Address (P.O. Box Number is Not Acceptable)						
ST AUGUS		=" "			}							
:						Cily FL Zip Code						
8. The above	named entit	y submits this statement	for the purpose	of changing its re	egistere	d office or registe	ered agent, or bo	oth, in the State of Fl		amiliar with,	and accept	
the obligat	ions of regist	lered agent.									ļ	
SIGNATURE	Signature, typed	or printed name of registered age	nt and little if applicat	Ne. (NOTE: 9	Registered	Agent agnature requir	ed when reinstating)		DATE			
		FEE IS \$150.00 8 Fee will be \$550	i i	Election Campaig Trust Fund Contrib			5.00 May Be ded to Fees			÷		
10.	DD\(OFFICERS AN	D DIRECTORS		11.		ADDITIONS	CHANGES TO OFF	ICERS AND			
TITLE NAME	DPV . Delete TITLE SCHIERMAN, JACK E NAM				NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STREE*	T ADDRESS ST-ZIP					ŀ	
TITLE NAME STREET ADORESS CITY-ST-ZIP	DPT Delete TITLE SCHIERMAN, JACK E 1416 PACETTI ROAD STRE				TITLE NAME STREE	T ADDRESS ST-7IP				☐ Change	Addition	
TITLE					TITLE	v	S			X Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FUGATT, BOBBY JO 1416 PACETTI ROAD SIRE				NAME STREE CITY-S	T ADDRESS 1	SCHIERMAN, BOBBY JO 1416 PACETTI ROAD					
TITLE	GREEN	OVE SPRINGS, PL .	2043	☐ Delete	TITLE	G	REEN-GOV	E-SPRINGS,	FL 32	043 Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					NAME STREET CITY-S	T AODRESS ST-ZIP						
TITLE				Delete	TITLE					☐ Change	Addition	
STREET ADDRESS						T ADORESS						
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAME STREET	T ADDRESS						
CITY-ST-ZIP	and the street of	- Information Co - d - 1	ish ship (III	an ant availer to	CITY-S		ed in Chapter 11	D. Closido Cloudes - 1	further ar →	ifu that the i-	Mormatics	
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: Auth Chung Sun 4-11-08 (904)891-5874 BIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destrict Phone #												
		JACK FOW		nerman		···				,		