## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000066951



MAME SITRET ADDRESS CITY-ST-ZIP TITLE NAME SITRET ADDRESS CITY-ST-ZIP	1. Entity Nam JIM'S BLI		R CONSTRUCTI	ON INC								
Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Cay & State   City &	1612 TWIN (	DAK LANE		1612 TWIN (	1612 TWIN OAK LANE				•			
Coy & State	2. Principal P	Place of Busin	less									
Zip Country Zip Country St. Certificate of Status Desired   \$8.75 Additional Page Required Agent   \$8.75 Additional Page Required Agent	Suite, Apt.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (11/05)		
S. Cerificate of Status Desired   Poor Assumed Agent   Poor Required Agent   Poor Requir	City & State			City & State	City & State			-		- <del> </del>	·	
NAME NAME NAME NAME NAME NAME NAME NAME	Zip	Country							F	ee Require		
STREET ADDRESS (P.O. Box Number is Not Acceptable)  City				t Registered Agent	<u> </u>	Name	7. Name and	Address of New R	egistered A	gent		
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 familier with, and accelerate obligations of registered agent.  SIGNATURE  Signate, typed or orred when for registered agent and the flapocable. (NOTE Registered Agent signates required when rentating)  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   \$5.00 May Be Added to Fees  Trust Fund Contribution.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  WHEELER, JAMES W  1012 TWIN OAK LANE  WHEELER, JAMES W  1012 TWIN OAK LANE  WHEELER, DEBRA S  1017-ST-2P  WHELLER, DEBRA S  1017-ST-2P  TITLE  MAKE  MAKE  SIRRET ADDRESS  CITY-ST-2P  TITLE  MAKE  SIRRET ADDRESS  CITY-ST-2P  SIRRET ADDRESS  CITY-ST-2P  TITLE  MAKE  SIRRET ADDRESS  CITY	1612 TWIN OAK LANE					Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accertifications of registered agent.  SIGNATURE  Signaze: typed or princed remit of registered agent and tice if applicable.  NOTE: Registered Applics signature required agent and rice if applicable.  NOTE: Registered Applics signature required when remitting)  DATE  PURPORATION OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PURPORATION OAK LANE  SIREST ADDRESS  CITY-ST-ZIP  TITLE  WHEELER, JAMES W  1812 TYNN OAK LANE  MIDDLEBURG, FL 32065  TITLE  WHEELER, DEBRA S  1612 TYNN OAK LANE  MIDDLEBURG, FL 32068  TITLE  MAKE  SIREST ADDRESS  CITY-ST-ZIP  SIREST ADD						City			FI	Zip Code		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Intercrops: Intercrops of the process of the p	8. The above the obligat	named entity tions of regist	y submits this statement i ered agent.	for the purpose of c	hanging its regis	tered office or regis	stered agent, or bot	h, in the State of Flo		miliar with,	and accept	
### After May 1, 2006 Fee will be \$550.00	SIGNATURE	Signature, typed	or printed name of registered age:	m and title if applicable.	(NOTE: Regis	 stered Agent signature requ	ured when reinstating)		DATE		<del></del>	
TITLE	FIL After Ma	E NOW!!! ay 1, 2006	FEE IS \$150.00 6 Fee will be \$550	4		· •						
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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	NAME STREET ADDRESS CITY-ST-ZIP		information	~~~~	S 0	NAME STREET ADDRESS CITY-ST-ZIP			•••		Addition	

indicated on this report of supplemental report is free 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.

- JAMES WWHEELER