

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000080491

1. Entity Name
JENNINGS CONSTRUCTION SERVICES CORP.



Principal Place of Business
**3930 RCA BLVD
3008
WEST PALM BEACH, FL 33410 US**

Mailing Address
**3930 RCA BLVD
3008
WEST PALM BEACH, FL 33410 US**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0463942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ECKROADE, CAROLYN E
3930 RCA BLVD
STE 3008
WEST PALM BEACH, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

**000000558876
05/17/06-80114-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME JENNINGS, MILTON S
STREET ADDRESS 3930 RCA BLVD STE 3008
CITY-ST-ZIP WEST PALM BEACH, FL 33410

TITLE DVS
NAME ECKROADE, CAROLYN E
STREET ADDRESS 3930 RCA BLVD STE 3008
CITY-ST-ZIP WEST PALM BEACH, FL 33410

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IN THIS SPACE**

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: Carolyn E. Eckroade 4/28/06 561-799-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CAROLYN E. ECKROADE, V.P.