2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097318

Entity Name: G N & J CONTRACTORS OF JAX CORP

222 BLAIMORE BLVD APT 73

ORANGE PARK, FL 32073 US

Address: City-St-Zip: FILED Jan 27, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
222 BLAIMORE BLVD APT.# 73			222 BLAIMORE BLVD APT.# 73	222 BLAIMORE BLVD EAST	
	PARK, FL 32073	3 US	ORANGE PARK, FL 3	2073 US	
Current M	lailing Address:		New Mailing Address	3:	
	MMES RD IVILLE, FL 32073	3 US			
FEI Number	: 20-1294035	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2631-A JA	IN, REYNALDO H MMES RD IVILLE, FL 32210				
	named entity su e of Florida.	bmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () D CASTILLO, NORM 222 BLAIMORE B ORANGE PARK, F	1AN LVD APT # 73	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () D TRIVINO, GABRIE 222 BLAIMORE B ORANGE PARK, F	EL A LVD APT 73	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DIR () D RODRIGUEZ, JUL		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GABRIEL TRIVINO DIR 01/27/2005