

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000046693

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC6335666988**

**Entity Name:** J. RAYMOND CONSTRUCTION CORP.

**Current Principal Place of Business:**

465 WEST WARREN AVENUE  
LONGWOOD, FL 32750

**Current Mailing Address:**

465 WEST WARREN AVENUE  
LONGWOOD, FL 32750

**FEI Number:** 59-3655762

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HATCHER, STEPHEN B  
315 EAST ROBINSON STREET SUITE 600  
ORLANDO, FL 32801 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            SOFARELLI, JOHN RSR  
Address        465 WEST WARREN AVENUE  
City-State-Zip: LONGWOOD FL 32750

Title            SRVP  
Name            SUDDETH, JAMES R  
Address        465 WEST WARREN AVE  
City-State-Zip: LONGWOOD FL 32750

Title            PARTNER  
Name            CRAMER, DANIEL  
Address        465 WEST WARREN AVENUE  
City-State-Zip: LONGWOOD FL 32750

Title            PARTNER  
Name            ROEMER, JON  
Address        465 WEST WARREN AVENUE  
City-State-Zip: LONGWOOD FL 32750

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN R. SOFARELLI

**PRESIDENT**

**01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date