

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000272

**Entity Name:** JAY DEE CONTRACTORS, INC.**Current Principal Place of Business:**38777 SCHOOLCRAFT ROAD  
LIVONIA, MI 48150**Current Mailing Address:**38777 SCHOOLCRAFT ROAD  
LIVONIA, MI 48150 US**FEI Number:** 38-1798525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           | PD                     |
| Name            | DIPONIO, THOMAS S      |
| Address         | 38777 SCHOOLCRAFT ROAD |
| City-State-Zip: | LIVONIA MI 48150       |

|                 |                        |
|-----------------|------------------------|
| Title           | SD                     |
| Name            | DIPONIO, JOHN T        |
| Address         | 38777 SCHOOLCRAFT ROAD |
| City-State-Zip: | LIVONIA MI 48150       |

|                 |                        |
|-----------------|------------------------|
| Title           | VD                     |
| Name            | DIPONIO, MICHAEL A     |
| Address         | 38777 SCHOOLCRAFT ROAD |
| City-State-Zip: | LIVONIA MI 48150       |

|                 |                        |
|-----------------|------------------------|
| Title           | TD                     |
| Name            | HEJKA, DANIEL S        |
| Address         | 38777 SCHOOLCRAFT ROAD |
| City-State-Zip: | LIVONIA MI 48150       |

|                 |                        |
|-----------------|------------------------|
| Title           | D                      |
| Name            | HAGAN, BRIAN           |
| Address         | 38777 SCHOOLCRAFT ROAD |
| City-State-Zip: | LIVONIA MI 48150       |

*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:** THOMAS S. DIPONIO**PRESIDENT****06/01/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date