

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # 329164**

1. Entity Name  
**J & P CONSTRUCTION CORPORATION**



Principal Place of Business

**3930 RCA BLVD  
SUITE 3008  
PALM BEACH GARDENS, FL 33410 US**

Mailing Address

**3930 RCA BLVD  
SUITE 3008  
PALM BEACH GARDENS, FL 33410 US**



01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1227762**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JENNINGS, MILTON S  
3930 RCA BLVD  
SUITE 3008  
PALM BEACH GARDENS, 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

Signature, typed or printed name of registered agent and title if applicable.

(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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 561-799-8002  
Date Daytime Phone #

CAROLYN E. ECKROADE, V.P.