2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM te

				Canadamy of Cta	
DOCUMENT # F06000005553 1. Entity Name JEANES CONSTRUCTION CO., INC.					Secretary of Sta
13841 S SO	ce of Business IUTHWEST HWY RK, IL 60462	Mailing Address 13841 S SOUTHWEST HWY ORLAND PARK, IL 60462		1 /281/28 ((1) 881/18 (6)/1/ 881/1 88	
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	ONOT WRITE	IN THIS SDA	CE	01042008 No Chg-F	CR2E034 (11/05)
		IN THIS SPA	UE	4. FEI Number 36-3290635	Applied For Not Applicable
				5. Certificate of Status Desir	red \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SALVATORI & WOOD, P.L. 4001 TAMIAMI TRAIL NORTH STE 330 NAPLES, FL 34103 8. The above named entity submits this statement for the purpose of changing its registere			ed office or register	DO NOT IN THIS S	SPACE
the obligations of registered agent SIGNATURE Signalure: 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, 2008 Fee will be \$550.00 9. Election Campa Trust Fund Cont			~ _	.00 May Be ed to Fees	
10.	OFFICERS AND DIR	ECTORS	25529年强		TO THE SECTION OF THE
TITLE	P IEANES BONALBII				
NAME STREET ADDRESS	JEANES, DONALD H 13841 S SOUTHWEST HWY		是自然的	AND NOTE OF	
CITY-ST-ZIP	ORLAND PARK, IL 60462		A transfer of the first terms of the		
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NAME	JEANES, PAMELA M		[13] (13] [13]	e de Nove de de la Septembra de la Companya del Companya de la Com	อังสุดๆ Saffy และที่ 19 ก่างหลัง ก็สุดได้สู่ใหญ่ได้ได้ได้ได้ เกิดที่ได้เกาสาราชาสาราชาสาราชาสาราชาสาราชาสาราชาสาราชาสาราชาสาราชาสาราชาสาราชาสาราชาสาราชาสาราชาสาราชาสาราชาส
STREET ADDRESS	13841 S SOUTHWEST HWY)00837632)8-80064-020 150.00
CITY-ST-ZIP	ORLAND PARK, IL 60462	,,,,,,,, .		03/04/0	10-00004-050 TOA OR
TITLE				, , , , , , , , , , , , , , , , , , ,	
NAME STREET ADDRESS			į.		•
STREFT ADDRESS CITY-SI-ZIP				DO NOT	WRITE
TITLE				IN THE	

IN THIS SPACE

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

SNING OFFICER OR DIRECTOR

708.873.1050 Daytime Phone #