

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90280 012 ***150.00

DOCUMENT # F99000002909

1. Entity Name
JCP CONSTRUCTION SERVICES, INC.



Principal Place of Business
6501 LEGACY DR.
MAILSTOP 1205
PLANO, TX 75024-3698

Mailing Address
6501 LEGACY DR.
MAILSTOP 1205
PLANO, TX 75024-3698

14010839



04192005 Chg-P CR2E034 (10/03)

4. FEI Number
75-2817227

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> Delete
NAME	NAPOLI, F.N.	
STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	PD	<input type="checkbox"/> Delete
NAME	O'LEARY, R.P.	
STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	ROMESBERG, R D	
STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, R.E.	
STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO TX 75024	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREED, P.W.	
STREET ADDRESS	6501 LEGACY DR	
CITY-ST-ZIP	PLANO TX 75024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *R.E. Reed* R.E. REED

Date

972-431-8135
Daytime Phone #