

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G58742

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** JORDAN BUILDERS, INC. AND MTG.

**Current Principal Place of Business:**

6273 WHISPERING OAKS DR N  
JACKSONVILLE, FL 32277 US

**New Principal Place of Business:**

5385 LENOX AVE.  
JACKSONVILLE, FL 32205 US

**Current Mailing Address:**

PO BOX 357318  
JACKSONVILLE, FL 322351318 US

**New Mailing Address:**

PO BOX 351318  
JACKSONVILLE, FL 32235 US

**FEI Number:** 59-2321250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOYES, CYNTHIA A.  
6273 WHISPERING OAKS DR N  
JACKSONVILLE, FL 32277 US

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

NOYES, CYNTHIA A.  
5385 LENOX AVE  
JACKSONVILLE, FL 32205 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: CYNTHIA A. NOYES

04/13/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: NOYES, CYNTHIA A  
Address: P.O. BOX 351318  
City-St-Zip: JACKSONVILLE, FL 32235

Title: PS  
Name: JORDAN, ALAN E.  
Address: 12695 FT CAROLINE RD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: V  
Name: NOYES, STEVEN A  
Address: P.O. BOX 351318  
City-St-Zip: JACKSONVILLE, FL 32235 US

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: CYNTHIA A. NOYES

CEO

04/13/2010

Electronic Signature of Signing Officer or Director

Date