

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED AUG 22 2005

DOCUMENT # H59535

1. Entity Name
JABOS MARINE CONSTRUCTION, INC.



FILED
05 AUG 19 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

850 DURMON AVE
LAKE PLACID, FL 33852 US

Mailing Address

850 DURMON AVE
LAKE PLACID, FL 33852 US

2. Principal Place of Business

852 Durmon Ave

3. Mailing Address

852 Durmon Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08152005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2548978

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEMENT, JOHN C.
584 PRINCE AVE. NW
LAKE PLACID, FL 33852

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CLEMENT, JOHN C., JR.
STREET ADDRESS 852 DURMAN AVE
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE VST ☐ Delete
NAME CLEMENT, KIMBERLY A.
STREET ADDRESS 852 DURMON AVE
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE D ☐ Delete
NAME CLEMENT, KIMBERLY A.
STREET ADDRESS 852 DURMON AVE
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Addition
NAME Clement, Kyle J.
STREET ADDRESS 852 Durmon Ave
CITY-ST-ZIP Lake Placid, FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100058904531
08/24/05--01005--006 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Kimberly A. Clement Kimberly A. Clement 8/15/05 863.465.7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #