2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J16942

Entity Name: J & R CO-OP CONSTRUCTION, INC.

FILED Apr 03, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:				
4903 KNO) TAMPA, FL								
Current Mailing Address:				New Mailing Address:				
P.O. BOX 1 TAMPA, FL								
FEI Number:	59-2270967	FEI Number Applied For()	FEI Num	ber Not Appli	cable ()	Certificate	e of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
NEUKMAN, JOHN B 305 S BOULEVARD TAMPA, FL 336062150 US				NEUKAMM, JOHN B 305 S BOULEVARD TAMPA, FL 336062150 US				
The above in the State	named entity of Florida.	submits this statement for the pu	ırpose of	changing it	s registered o	office or re	gistered agent, or both,	
SIGNATURE: JOHN B NEUKAMM				04/03/2007				
	Electro	nic Signature of Registered Ager	nt			С	ate	
Election Can	npaign Financir	g Trust Fund Contribution ().						
OFFICERS	S AND DIREC	CTORS:		ADDITION	S/CHANGES	TO OFFI	CERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RUTKOSKI, JO 5290 42ND ST			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	FRISCO, RAY	HTS GRIFFIN RD		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	LESTER, DIAN 5290 42ND ST			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	ESCOBIO, KR	N BEACH CIRCLE		Title: Name: Address: City-St-Zip:	S (X STEMBRIDGE, 4110 FAIRVIEN TAMPA, FL 33	W HGTS.) Addition	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	VP (CLEMONS, GE 1516 TAILOR F LUTZ, FL 3355	RD.) Addition	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	VP (LYON, ROBER 5652 SOUTHE ZEPHYRHILLS	RNVIEW) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMIE L STEMBRIDGE S 04/03/2007