

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J16942

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

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

4903 KNOX STREET
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15057
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-2270967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUKAMM, JOHN B
305 S BOULEVARD
TAMPA, FL 336062150 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUTKOSKI, JOSEPH J
Address: 5290 42ND STREET S
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: SVP () Delete
Name: FRISCO, RAYMOND S
Address: 8410 W KNIGHTS GRIFFIN RD
City-St-Zip: PLANT CITY, FL 33566

Title: T () Delete
Name: LESTER, DIANA
Address: 5290 42ND STREET S
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: S () Delete
Name: STEMBRIDGE, JAMIE L
Address: 4110 FAIRVIEW HGTS.
City-St-Zip: TAMPA, FL 33616

Title: VP () Delete
Name: CLEMONS, GERALD D
Address: 1516 TAILOR RD.
City-St-Zip: LUTZ, FL 33559

Title: VP () Delete
Name: LYON, ROBERT F
Address: 5652 SOUTHERNVIEW
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/29/2009

Electronic Signature of Signing Officer or Director

Date