2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 02, 2008 8:00 am Secretary of State **DOCUMENT # L07000113339** 04-02-2008 90153 021 ***143.75 1. Entity Name JB CONTRACTING, LLC Principal Place of Business Mailing Address 60019080 1924 UNION ST 1924 UNION ST CLEARWATER, FL 33763 US CLEARWATER, FL 33763 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 26-/385399 Not Applicable Zip Country Zip Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLACK, JAMES H Street Address (P.O. Box Number is Not Acceptable) **1924 UNION ST** CLEARWATER, FL 33763 Zip Code * City 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. Make check payable to Make check payare. Florida Department of State FILE NOWI! FEE IS \$138.75____ After May 1, 2008 Fee will be \$538.75 PRINTED CONTRACTOR OF THE PRINTED CONTRACTOR ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM TILLE ☐ Detete TITLE Change Addition NAME BLACK, JAMES H NAME STREET ADDRESS 1924 UNION ST STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33763 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mue ☐ Delete TITLE ☐ Change ☐ Addition NAME ' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE ☐ Delete MIE Addition ☐ Change MALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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