2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am Secretary of State 05-03-2004 91006 003 ***150.00 DOCUMENT # P0000007511 J.P. CONTRACTING, INC. 64001---Principal Place of Business Mailing Address 1246 32ND AVE SW 1246 32ND AVE SW VERO BEACH, FL 32968-5901 VERO BEACH, FL 32968-5901 2. Principal Place of Business (675 23 675 23RD Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chg-P CR2E034 (10/03) 4. FÉI Number Applied For BEACH 65-0978597 Not Applicable Country Zip \$8.75 Additional -5. Certificate of Status Desired 2762 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAGLIAROLI, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 1330 32ND AVE SW VERO BEACH, FL 32968-5901 8. The above named entit nept for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept submits this the obligations of (NOTE: Registered Agent signature required when reinstating) DATE stered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change Addition ☐ Delete PAGLIAROLI, JEFFREY A NAME NAME 675 23RD AVE STREET ADDRESS 1246 32ND AVE S.W. STREET ADDRESS VERO BEACH, FL 329685901 CITY-ST-7IP CITY - ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THE PAGLIAROLI, ROXANE NAME 23RD AVE 675 1246 32ND AVE S.W. STREET ADDRESS STREET ADDRESS CITY - ST-ZIP VERO BEACH, FL 329685901 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 of trustee emportered 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. INTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytine Phone

FILED