Apr 23, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P00000009947 04-23-2007 90045 042 ***150.00 1. Entity Name JANKOVIC CONSTRUCTION INC. 400.0 Principal Place of Business Mailing Address 3760 JUNIPER LANE 3760 JUNIPER LANE ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 2. Principal Place of Business - No P.O. 8ox # 3. Mailing Address P.O. Box 41177 6005 N. Wickham Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04152007 Chg-P City & State 4. FEI Number Applied For Melbo 59-3622286 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32941-17 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent I An KOUIC James JANKOVIC, JAMES E 3760 JUNIPER LANE Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH, FL 32174 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 bite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change **PVST** Jankovic, James Rd # A87 PVST TITLE TITLE ☐ Delete ☐ Addition JANKOVIC, JAMES E NAME NAME STREET ADDRESS 3760 JUNIPER LANE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP Melbourne FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TULLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 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 literature of the corporation of t

of the corporation or the receiver or trustee empowered to exchanged, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE:

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