

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000061425**

1. Entity Name  
**JGA CONSTRUCTION CORPORATION**



Principal Place of Business

**2430 PERIWINKLE WAY  
STE B  
SANIBEL, FL 33957**

Mailing Address

**POST OFFICE BOX 716  
SANIBEL ISLAND, FL 33957**



02242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1096590**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARMENIA, JOHN  
2430 PERIWINKLE WAY  
SANIBEL, FL 33957**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000112207  
04/14/04-80012-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARMERIA, JOHN
STREET ADDRESS	2430 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	VD
NAME	CALCIANO, ALFRED
STREET ADDRESS	2430 PERIWINKLE WAY STE B
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	VSD
NAME	ARMENIA, LUCY
STREET ADDRESS	2430 PERIWINKLE WAY STE B
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	VSD
NAME	CLINE, KATHLEEN
STREET ADDRESS	2430 PERIWINKLE WAY STE B
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lucy Armenia* Secretary 04/12/04 239-395-9300