

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 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**

000000509284
04/28/06-60038-021 150.00



03272006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Lucy Armenia, Secy 4/11/06 239-395-9300