


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000061425 1. Entity Name JGA CONSTRUCTION CORPORATION	
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Principal Place of Business 2430 PERIWINKLE WAY STE B SANIBEL, FL 33957	Mailing Address POST OFFICE BOX 716 SANIBEL ISLAND, FL 33957
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01112007 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 <input type="checkbox"/>	\$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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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03/27/07-80091-018 150.00

**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:

 **Lucy Armenia, Secy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-07 239-395-9300