

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000077632		
1. Entity Name J.C. ELWOOD CONSULTANTS AND BUILDING SERVICES, INC.		

Principal Place of Business 420 CACTUS DRIVE KEY WEST, FL 33040	Mailing Address 420 CACTUS DRIVE KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



02032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1035685	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

ELWOOD, JANIENE
420 CACTUS DRIVE
KEY WEST, FL 33040

**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 _____ (NOTE: Registered Agent signature required when renewing) 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**

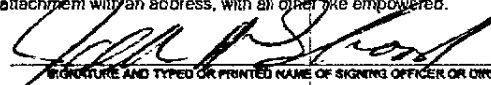
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ELWOOD, JANIENE 420 CACTUS DRIVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELWOOD, JAMES 420 CACTUS DRIVE KEY WEST, FL 33040
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02/17/06-80006-024 150.00

**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:  **Janiene M. Elwood** 2-4-06 3052847792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #