

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000030356

**FILED  
Sep 29, 2007  
Secretary of State**

**Entity Name:** J.L. BRUCE CONSTRUCTION COMPANY INC.

**Current Principal Place of Business:**

1680 AVION PLACE  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

1680 AVION PLACE  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 59-3716015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM, INC  
813 DELTONA BLVD STE A  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

KATHI BRUCE  
1680 AVION PLACE  
NAPLES, FL 34104 US

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.

SIGNATURE: KATHI BRUCE

09/29/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BRUCE, JOHN L  
Address: 1680 AVION PLACE  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: BRUCE, KATHI L  
Address: 1680 AVION PLACE  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. BRUCE

P

09/29/2007

Electronic Signature of Signing Officer or Director

Date