

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90386 005 ***150.00

DOCUMENT # P01000030788

1. Entity Name
JEWELL CUSTOM BUILDERS, INC.



Principal Place of Business
**12662 STAVELEY DRIVE SOUTH
JACKSONVILLE, FL 32225**

Mailing Address
**12662 STAVELEY DRIVE SOUTH
JACKSONVILLE, FL 32225**

2. Principal Place of Business

4574 Crystal Brook Way
Suite, Apt. #, etc.

3. Mailing Address

4574 Crystal Brook Way
Suite, Apt. #, etc.



03052006 Chg-P CR2E034 (11/05)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3705970

Applied For
☐ Not Applicable

Zip Country
32224 USA

Zip Country
32224 USA

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

6. Name and Address of Current Registered Agent

**JEWELL, JIMMY R
12662 STAVELEY DRIVE SOUTH
JACKSONVILLE, FL 32225**

7. Name and Address of New Registered Agent

Name
JUSTIN W. JEWELL
Street Address (P.O. Box Number is Not Acceptable)

4574 CRYSTAL BROOK WAY

City **JACKSONVILLE** **FL** Zip Code **32224**

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]
Signature, typed or printed name of registered agent as title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/06

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	DP	<input type="checkbox"/> Delete
NAME	JEWELL, JIMMY R	
STREET ADDRESS	12662 STAVELEY DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	VRS	<input checked="" type="checkbox"/> Delete
NAME	JEWELL TAMMY S	
STREET ADDRESS	12662 STAVELEY DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	T	<input type="checkbox"/> Delete
NAME	JEWELL, JUSTIN W	
STREET ADDRESS	2547 HIDDEN VILLAGE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	DODSON, JOHN E	
STREET ADDRESS	1869 ALBERTA CT. S.	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTIN W. JEWELL	
STREET ADDRESS	4574 CRYSTAL BROOK WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS JOSEPH LAWRENCE	
STREET ADDRESS	3441 EVE DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3/29/06

Date

904.923.9430

Daytime Phone #