2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an a

SIGNATURE:

Mar 15, 2004 8:00 am DOCUMENT # P01000046066 **Secretary of State** 1. Entity Name 03-15-2004 90008 044 ***150.00 J&V BUILDERS, INC. Principal Place of Business Mailing Address PO BOX 6855 DESTIN FL 32550 111 SUN LANE リゴクマヘマ~ PANAMA CITY BCH FL 32413 3. Mailing Address 2. Principal Place of Business 60 Ba Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number 54-2036524 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, JAMES J Street Address (P.O. Box Number is Not Acceptable) 111 SUN LANE PANAMA CITY BCH FL 32413 Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Addition ☐ Delete TITLE Change TITLE BROWN, JAMES J NAME NAME STREET ADDRESS STREET ADDRESS 111 SUN LANE PANAMA CITY BCH FL 32413 CITY-ST-ZIP CITY-ST-ZIP Vice President Treasurer Change **X** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

OR DIRECTOR

FILED