

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90003 010 ***558.75



DOCUMENT # P01000065622

1. Entity Name

JARJEN CONSTRUCTION, INC.

Principal Place of Business

~~5276 ALIBI TERR.~~
NORTH PORT FL 34286

Mailing Address

~~5276 ALIBI TERR.~~
NORTH PORT FL 34286



2. Principal Place of Business

524 Paul Morris Dr
Suite E
Englewood, FL

3. Mailing Address

5259 ALIBI TERR
NORTH PORT, FL

1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3734422

Applied For

Not Applicable

Zip

Country

34223

USA

Zip

Country

34286

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUPSON, JAYNE
2905 BAY DR.
BRADENTON FL 34207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LONG, ROBERT M JR.
STREET ADDRESS 5276 ALIBI TERR. 5259 ALIBI TERR
CITY-ST-ZIP NORTH PORT FL 34286

TITLE VTS ☐ Delete
NAME LONG, STACY
STREET ADDRESS 5276 ALIBI TERR. 5259 ALIBI TERR
CITY-ST-ZIP NORTH PORT FL 34286

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHAIRMAN ☐ Change ☒ Addition
NAME JOEY LANE WHITMARSH
STREET ADDRESS 5276 ALIBI TERR
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Long PRES

7-18-05

941-232-6606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #