2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000048345

1. Entity Name
JNB CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
628 SOUTH RIDE TALLAHASSEE, FL 32303	628 SOUTH RIDE TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3655687

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUMP, JOHN II
628 SOUTH RIDE
TALLAHASSEE, FL 32303

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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: John N Bump II / John N Bump II / President / 4/28/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UD00000140894
04/29/04-80180-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUMP, JOHN N II
STREET ADDRESS	628 SOUTH RIDE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VP
NAME	BUMP, KRISTA L
STREET ADDRESS	628 SOUTH RIDE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VP
NAME	MONTI, R J
STREET ADDRESS	PO BOX 13239
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	V
NAME	GREEN, EARNEST J
STREET ADDRESS	1310 DAWSON RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/28/04 8502501238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #