## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000050520

1. Entity Name

JAY ELKINS CONSTRUCTION INCORPORATED OF **BRADENTON** 



FILED Apr 28, 2008 08:00 AM Secretary of State

Principal Place of Business

9808 44TH ST CT EAST PARRISH, FL 34219

Mailing Address

9808 44TH ST CT EAST PARRISH, FL 34219



## DO NOT WRITE IN THIS SPACE

03072008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 03-0451659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ELKINS, JAY 9808 44TH ST CT EAST PARRISH, FL 34219

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the ptions of registered agent.	ourpose of changing its register	ed office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		U00000928937 05/21/08-80049-003 150.00		
10.	OFFICERS AND DIREC	CTORS		•		
TITLE	PTD			a Carrier to the contract of the contract of		
NAME	ELKINS, JAY					
STREET ADDRESS	9808 44TH ST CT EAST		" the same of the same of			
CITY-ST-ZIP	PARRISH, FL 34219					
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NAME	ELKINS, CHRISTINA		<b>.</b>	the state of the s		
STREET ADDRESS	9808 44TH ST CT EAST		1.5	* * *!		
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NAME STREET ADDRESS				4		
CITY-ST-ZIP				Commence of the Commence of th		

12. I hereby certify that the information supplied with this filling 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:/	(hustene)	Elfons V.P.	HRISTINA	ECKINS	4-25-08	641)-723-883
	BIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR DIR	RECTOR /	<i>1</i> /- D	319	Daytime Phone #