

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90026 014 ***150.00

DOCUMENT # P02000076027			
1. Entity Name JAKECO CONSTRUCTION, INC.			
Principal Place of Business 4667 BAYCEDAR LN SARASOTA, FL 34241		Mailing Address 4667 BAYCEDAR LN SARASOTA, FL 34241	
2. Principal Place of Business - No P.O. Box # 1120 Pinellas Bayway Suite, Apt. #, etc. 206 City & State St. Pete, FL Zip 33715 Country		3. Mailing Address 1120 Pinellas Bayway Suite, Apt. #, etc. 206 City & State FL Zip Country	
6. Name and Address of Current Registered Agent KLEINBERG, LISA J ESQ. 2187 RINGLING BLVD SARASOTA, FL 34237		7. Name and Address of New Registered Agent 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: DATE: 1-29-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME CARNES, PAUL J STREET ADDRESS 4667 BAYCEDAR LN CITY-ST-ZIP SARASOTA, FL 34241	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		1-29-08 941-809-7167 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			