

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90051 017 ***158.75

DOCUMENT # P02000125652

1. Entity Name

M JORDAN CONSTRUCTING, INC.



Principal Place of Business

Mailing Address

**PO BOX 341664
TAMPA FL 33694**

**PO BOX 341664
TAMPA FL 33694**

2. Principal Place of Business

3. Mailing Address

7606 ALVINA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA, FL.

7606 ALVINA ST.

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33625

HILLS

33625

HILLS



MOORE

CR2E034 (11/03)

4. FEI Number

13-4221717

Applied For

Not Applicable

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

**ROBLES, JOELLYN
4932 PENNSBURY DRIVE
TAMPA FL 33624**

Name

Michael A. Jordan

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

7606 Alvina St.

City

Tampa FL 3

FL

Zip Code

33625

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]

Michael A. Jordan

4/19/04

Signature, type 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **ROBLES, JOELLYN**
STREET ADDRESS **4932 PENNSBURY DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **President** ☒ Change ☒ Addition
NAME **Michael A. Jordg**
STREET ADDRESS **7606 Alvina St.**
CITY-ST-ZIP **Tampa FL 33625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A Jordan, Pres.

Date

Daytime Phone #

4/19/04 813-309-3307