

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90096 041 ***158.75

DOCUMENT # P03000006273	
1. Entity Name JBN CONSTRUCTION INC.	

Principal Place of Business 1075 NE MIAMI GARDENS DR. 801W NORTH MIAMI BEACH, FL 33179	Mailing Address 1075 NE MIAMI GARDENS DR. 801W NORTH MIAMI BEACH, FL 33179
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07022004 Chg-P CR2E034 (10/03)

4. FEI Number 421992883	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	
NISSSEN, JAMES E SR 1075 NE MIAMI GARDENS DR 801W NORTH MIAMI BEACH, FL 33179		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: *James E Nissen* (James E Nissen) 7/5/04
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NISSSEN, JAMES E SR 1075 NE MIAMI GARDENS DR. P.H. 801W NORTH MIAMI BEACH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *James E Nissen* (James E Nissen) 7/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #