

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082756

FILED
Mar 24, 2009
Secretary of State

Entity Name: JOHN BLOOM CONSTRUCTION CO.

Current Principal Place of Business:

1802 WHISPERING PINES CIRCLE
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

1802 WHISPERING PINES CIRCLE
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 01-0793114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHER, JOHN C
1620 PLACIDA ROAD
SUITE B
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLOOM, JANIS R
Address: 1802 WHISPERING PINES CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

Title: DVP () Delete
Name: JACOB, TIMOTHY F
Address: 1802 WHISPERING PINES CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

Title: DVP () Delete
Name: BLOOM, MICHAEL J
Address: 10091 BENTLEY AVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: DST () Delete
Name: JACOB, MICHELLE R
Address: 1802 WHISPERING PINES CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANIS R. BLOOM

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date