2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 06, 2006 08:00 AM DOCUMENT # P03000093817 **Secretary of State** 1. Entity Name JOFRAN CONSTRUCTION, INC. Principal Place of Business Mailing Address 5514 SHARON TERRACE JACKSONVILLE FL 32207 5514 SHARON TERRACE JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 57-1183418 Not Applicab! ZIP Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANCISCO, ROMERO Street Address (P.O. Box Number is Not Acceptable) 5514 SHARON TERRACE JACKSONVILLE FL 32207 Zip Code City 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 typed or printed name of registered agent and into it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change THIE TITLE ☐ Delete ROMERO, FRANCISCO NAME NAME STREET ADDRESS STREET ADDRESS 5514 SHARON TERRACE CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP Change อกักรกิด ☐ Defete TITLE THILE U00000421417 NAME NAME 02/16/06-80035-D10 150.00 STREET ADDRESS STREET ADORESS CUTY-ST-ZIP DIY-S1-289 ☐ Additiv D Octob 127<u>6</u> E □ Change TOTE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALLES . 1177 F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Addison TIPLE Change ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addetti. ☐ Change 3171 F TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

01/26/06

FILED