
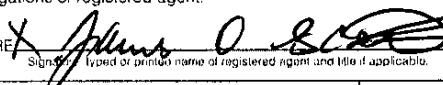
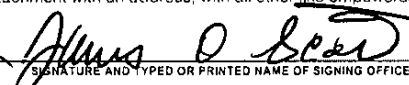


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90034 006 ***150.00

DOCUMENT # P03000094779			
1. Entity Name JAKE'S CONSTRUCTION, INC.			
Principal Place of Business 1725 BOB SIKES RD. DEFUNIAK SPRINGS, FL 32435		Mailing Address 1725 BOB SIKES RD. DEFUNIAK SPRINGS, FL 32435	
2. Principal Place of Business 403 Nelson Rd.		3. Mailing Address 403 Nelson Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Defuniak Spgs. FL		City & State Defuniak Spgs. FL	
Zip 32435		Country U.S.	
4. FEI Number 11-3702587		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, JAMES D 1725 BOB SIKES RD. DEFUNIAK SPRINGS, FL 32435		7. Name and Address of New Registered Agent Name James D. Scott Street Address (P.O. Box Number is Not Acceptable) 403 Nelson Rd. City Defuniak Spgs. FL Zip 32435	
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 D. Scott 1-6-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	P. SCOTT, JAMES D 1725 BOB SIKES RD DEFUNIAK SPGS, FL 32435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Scott James D. 403 Nelson Rd. Defuniak Spgs., FL 32435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCOTT, WENDY G 1725 BOB SIKES RD DEFUNIAK SPGS, FL 32435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Scott Wendy G. 403 Nelson Rd. Defuniak Spgs., FL 32435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		James D. Scott 1-6-06 850-892-3110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	