


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000095557</b> 1. Entity Name <b>JAMES S. CONSTRUCTION, INC.</b>	
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Principal Place of Business <b>2506 SHADYBRANCH DR. ORLANDO, FL 32822</b>	Mailing Address <b>P.O. BOX 721523 ORLANDO, FL 32822</b>
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**DO NOT WRITE IN THIS SPACE**



02172007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>31-1068408</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**SARANGO, JAMES E  
2506 SHADYBRANCH DR.  
ORLANDO, FL 32822**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000657020 03/14/07-80048-014 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTS SARANGO, JAMES E P O BOX 721523 ORLANDO, FL 32822</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RIVERA, JOAQUIN 2506 SHADYBRANCH DR. ORLANDO, FL 32822</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RODRIGUEZ, PERISO O 2506 SHADYBRANCH DR. ORLANDO, FL 32822</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 or without other like empowered.

**SIGNATURE:**  **2/22/07 407 716-2450**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #