


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000096005</b> 1. Entity Name <b>J.B. GARRON CONSTRUCTION CONSULTING, INC.</b>	
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Principal Place of Business <b>951 SW 4TH AVE. BOCA RATON, FL 33432-5803</b>	Mailing Address <b>951 SW 4TH AVE. BOCA RATON, FL 33432-5803</b>
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04082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0208440</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BLAKESBERG, JON D 951 SW 4TH AVE. BOCA RATON, FL 33432-5803</b>
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**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 registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GARRON, JOSEPH B 951 SW 4TH AVE. BOCA RATON, FL 334325803</b>
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04/29/06-80051-022 150.00

**DO NOT WRITE  
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 an officer like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND PRINTED NAME OF OFFICER OR DIRECTOR

**JOSEPH B GARRON**

**PRESIDENT**

Date

Daytime Phone #

**4/12/06 202 203-4266**