# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 18, 2005 8:00 am**
**Secretary of State**
01-18-2005 90026 006 ***150.00

DOCUMENT # P03000098211

1. Entity Name
J C F CONSTRUCTION SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6235 LAKE LIZZIE DRIVE<br>ST. CLOUD, FL 34771 US | 6235 LAKE LIZZIE DRIVE<br>ST. CLOUD, FL 34771 US |

400001257

01122005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 519 Neptune Bay Cr. | PO BOX 701384 |
| Suite, Apt. #, etc.: 4 | Suite, Apt. #, etc. |
| City & State: St. Cloud, Florida | City & State: St. Cloud, Florida |
| Zip: 34769 Country: USA | Zip: 34770 Country: USA |

4. FEI Number: 20-0207600 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FAYNE, BERNARD<br>6235 LAKE LIZZIE DRIVE<br>ST. CLOUD, FL 34771 | Name: Bernard Fayne<br>Street Address (P.O. Box Number is Not Acceptable): 519 Neptune Bay Cr.<br>Apt. # 4<br>City: St. Cloud FL Zip Code: 34769 |

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. SAME AGENT

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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<br>FAYNE, BERNARD<br>6235 LAKE LIZZIE DRIVE<br>ST. CLOUD, FL 34771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P.<br>Bernard Fayne<br>519-4 Neptune Bay Cr.<br>St. Cloud, Fl. 34769 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TRE<br>FAYNE, SUMMER D<br>6235 LAKE LIZZIE DRIVE<br>SAINT CLOUD, FL 34771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Summer Fayne<br>519-4 Neptune Bay Cr.<br>St. Cloud, Fl. 34769 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP C<br>Samuel Fayne<br>4714 Citrus Ave.<br>St. Cloud, Fl. 34772 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Summer Fayne 1/12/05 407/891-9170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #