

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90181 009 ***150.00

DOCUMENT # P03000113706 1. Entity Name BOBBY JACKSON CONSTRUCTION MAINTENANCE, INC.					
Principal Place of Business 215 WILES WAY ORLANDO FL 32828 US			Mailing Address 215 WILES WAY ORLANDO FL 32828 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 26-0072586 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent BOBBY JACKSON JR. 215 WILES WAY ORLANDO FL 32828				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Bobby Jackson Jr</i></u> DATE <u>1/30/06</u> Signature, print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, BOBBY J JR. 215 WILES WAY ORLANDO FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statute, indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made by the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Bobby J. Jackson Jr</i></u> DATE <u>1/30/06</u> 4075385-18 SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR					