

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90016 031 ***150.00

DOCUMENT # P03000135770

1. Entity Name

JERRY THIBODEAU BUILDER CORP.



Principal Place of Business

**1817 OLD BEACH RD
ST AUGUSTINE FL 32080**

Mailing Address

**1817 OLD BEACH RD
ST AUGUSTINE FL 32080**

2. Principal Place of Business

1817 OLD BEACH ROAD

Suite, Apt. #, etc.

3. Mailing Address

1817 OLD BEACH ROAD

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

ST AUGUSTINE, FLORIDA

Zip
32080-5647

Country

ST JOHNS

City & State

ST AUGUSTINE, FLORIDA

Zip

32080-5647

Country

ST JOHNS

4. FEI Number

11-3707075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THIBODEAU, JERRY R
1817 OLD BEACH RD
ST AUGUSTINE FL 32080**

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

JERRY R THIBODEAU PRESIDENT
Jerry R Thibodeau

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

7-17-2006

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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	<input type="checkbox"/> Delete
THIBODEAU, JERRY R 1817 OLD BEACH RD ST AUGUSTINE FL 32080	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

JERRY R THIBODEAU
Jerry R Thibodeau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-06 (904) 471-8454

Date

Daytime Phone #

ATTACHMENT

40100870

#P03000135770

To the Division of Corporations

I Jerry R Thibodeau Request A waiver
of the \$400.00 late fee for the
Reason of not Receiving prior notice
of the annual report.

my signature stands for my
Oath that this statement is true

JERRY R THIBODEAU
Jerry R Thibodeau

July 17 - 2006