# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

#### Sep 14, 2005 8:00 am Secretary of State **DOCUMENT # P03000136525** 1. Entity Name 09-14-2005 90001 048 \*\*\*150.00 JESS CONSTRUCTION, INC. Mailing Address Principal Place of Business 10411 N. ASHLEY STREET 10411 N. ASHLEY STREET 50066703 TAMPA, FL 33612 TAMPA, FL 33612 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 08192005 CR2E034 (10/03) Chq-P Applied For City & State City & State 4. FEI Number 20-0413001 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHECHT NEIL S Street Address (P.O. Box Number is Not Acceptable) 3630 WEST KENNEDY BLVD. TAMPA, FL 33609 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Addition TITLE ESTRELLA, JUNIOR A NAME NAME 10411 N. ASHLEY STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP TAMPA, FL 33612 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET\_ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE

12. I hereby certify that the information supplied with this filling 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 eport 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 trusted en powered be 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 edgress with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED N

Daytime Phone #

## ATTACHMENT

#P03000136025

### **Affidavit**

I Junior Estrella do hereby state that I did not received a notice to pay my corporation fee. I would like to ask your department to waive the penalty fee, so that I could keep on doing business in this state. My corporate number is P03000136525 the name is Jess Construction, Inc.

Thank You

STATE OF FLORIDA:

COUNTY OF HILLSBOROUGH:

BEFORE ME, a Notary Public duly authorized in the State of Florida County of Hillsborough, to take acknowledgments, personally appeared Junior Estrella ,to me known to be the person who executed the foregoing Affidavit and he acknowledged before me that he executed said Affidavit.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County

above, this\_16th day of August, 2005.

Luis A. Duperon Commission #DD293725 Expires: Feb 24, 2008

Bonded Thru
Atlantic Bonding Co., Inc.

Seal

Type of ID produced:

**Notary Public** 

### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 19, 2005

JESS CONSTRUCTION, INC. 10411 N. ASHLEY STREET TAMPA, FL 33612

SUBJECT: JESS CONSTRUCTION, INC.

Ref. Number: P03000136525

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the contents of your cover letter, we will waive the late fee or reinstatement fee for this filing. Please return your original letter along with the appropriate fees and completed annual report/reinstatement form to insure the waiver of these additional fees.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

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\_Kristen\_Eckel.
Document Specialist

Letter Number: 405A00052958