## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 08:00 AN Secretary of State

	ANNUAL	REPORT		_	Αþ	r 23, 2000 00:
DOCUMENT # P03000142734						Secretary of St
1. Entity Name R. J. CONSTRUC						
Principal Place of Busines	5S	Mailing Address		1		
1891 LAKE EASY RD Babson Park, FL 338	27	P.O. BOX 773 BABSON PARK, FL 33827				
The second secon	en e	:				
		,		03052008	No Chg-P	CR2E034 (11/05)
DO N	OT WRITE	IN THIS SPACE	CE	4. FEI Numb	<u> ·</u>	Applied For
•	,	•		20-045		Not Applicable
	,			5. Certificate	of Status Desired	S8.75 Additional Fee Required
6. Nam	and Address of Current Re	ngistered Agent	ا المام	<u> </u>	1	The first training
JAWORSKI, ROBE				DΩ	NOT W	DITE
1891 LAKE EASY RD BABSON PARK, FL 33827					* 1 f all 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5/15 <b>/</b> 5/17/1/14/1/12	. 00027			IN	THIS SP	ACE
	•					
<ol><li>The above named entithe obligations of regis</li></ol>		he purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE	,					
	d or printed name of registered agent and	litie if applicable. (NOTE: Registere	d Agent signature required	when reinstating)	<b>,</b> .	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund			· _ +•.	.00 May Be ed to Fees		
TITLE D	OFFICERS AND DI	RECTORS		e figures and a second	1	1 (1) (1) (1)
NAME JAWORS STREET ADDRESS 1891 LAN	KI, ROBERT KE EASY RD PARK, FL 33827		. d'	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	a taki ngishi i i i jaki a gamana	
TITLE D	·		· ·	. •		
	SKI, PATRICIA A KE EASY RD					
CITY-ST-ZIP BABSON	PARK, FL 33827				•	
TITLE NAME		•				)
STREET ADDRESS				DΩ	NOT W	RITE
CITY-ST-ZIP	<del></del>		·		*	
NAME			•	IIN	THIS SP	ACE
STREET ADDRESS CHTY-ST-ZIP				٠,		
TITLE			1	*		
NAME STREET ADDRESS			]			
Crty- St - ZIP						
TITLE NAME					San to	

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 other like empowered.

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF A GAILOR OFFICIAL OR DIRECTOR

3/5/D8 863 - 638 - 1450