## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 06, 2008 08:00 AM Secretary of State DOCUMENT # P03000144641 RUSSELL P. JAMES CONSTRUCTION, INC. Mailing Address Principal Place of Business 888 DEER LAKE ROAD P.O. BOX 148 **AVON PARK FL 33825** AVON PARK FL 33826 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 86-1090885 Not Applicable Zio Country Country Zφ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUNNALLEE, THOMAS L Street Address (P.O. Box Number is Not Acceptable) 325 NORTH COMMERCE AVENUE SEBRING FL 33870 City 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. Signature, typod or crimed name of registered agent and site if amplicable (NOTE: Registered Apont propalate required when rejectation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Change ☐ Delete TITLE ☐ Addition JAMES, RUSSELL P NAME NAME U00000817894 02/15/08-80020-014 150.00 STREET ADDRESS 888 DEER LAKE ROAD STREET ADDRESS CITY-ST-ZIP AVON PARK FL 33825 CITY-ST-Z8P **VSTD** TITLE ☐ Derete TITLE ☐ Change ☐ Addition JAMES, PATRICIA M NAME HAME STREET ADDRESS 888 DEER LAKE ROAD STREET ADDRESS CITY-ST-7IP AVON PARK FL 33825 CITY-ST-ZIP TITLE ☐ Change Derete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition MAMS NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental report is to

trustee

of the corporation or the rece

if changed, or on an attack

SIGNATURE:

accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director perception execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11

RUSSELL P. JAMES

FILED