


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000001737 1. Entity Name TRUE BLESSINGS CONSTRUCTION CO. INC.						FILED 06 FEB 16 PM 2:15 	
Principal Place of Business 451 JAX ESTATES DR. N. JACKSONVILLE, FL 32218				Mailing Address 451 JAX ESTATES DR. N. JACKSONVILLE, FL 32218			
2. Principal Place of Business 7378 John F. Kennedy Dr E Suite, Apt. #, etc.				3. Mailing Address 7378 John F. Kennedy Dr E Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32219				City & State Jacksonville, FL Zip 32219			
Country USA				Country USA			
4. FEI Number 20-0550694				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROWN, JAMES L 451 JAX ESTATES DR. N. JACKSONVILLE, FL FL				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>James L. Brown</i></u> DATE <u>2-12-06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP BROWN, JAMES L 451 JAX ESTATES DR. N. JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 7378 John F. Kennedy Dr. E. Jacksonville, FL 32219 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVST BROWN, YOLANDA E 451 JAX ESTATES DR. N. JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 7378 John F. Kennedy Dr E Jacksonville, FL 32219 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP 32/20/06 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 400066418374 02/23/06--01005--004 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 05-06 <input type="checkbox"/> Delete				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"/> Delete				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"/> Delete				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: <u><i>Yolanda Brown</i></u> DATE <u>2-12-06</u> DAYTIME PHONE # <u>764-6431</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							