

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-02-2008 90118 009 ***150.00

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1. Entity Name
JSP CONSTRUCTION, INC.



Principal Place of Business
191 SE CARTER AVE
PORT ST LUCIE, FL 34983

Mailing Address
191 SE CARTER AVE
PORT ST LUCIE, FL 34983

66013958



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1096190

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PELISSIER, JACQUES S
191 SE CARTER AVE
PORT SAINT LUCIE, FL 34983

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IN THIS SPACE**

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 JACQUES PELISSIER 5-26-08
Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when changing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME PELISSIER, JACQUES S
STREET ADDRESS 191 SE CARTER AVE
CITY-ST-ZIP PORT ST LUCIE, FL 34983

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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: JACQUES PELISSIER 5-26-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #