2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 06, 2005 8:00 am Secretary of State

09-06-2005 90136 018 ***150.00

DOCUMENT # P04000043559 JACAL CONSTRUCTION, INC. Principal Place of Business Mailing Address 50065083 2805 JUNCTION RD 2805 JUNCTION RD APOPKA, FL 32712 APOPKA, FL 32712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09022005 CR2E034 (10/03) 4. FEI Number 20-0843033 City & State City & State Applied For Not Applicable Zip Country Zip Country \$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 GONZALEZ, BLANCA N Street Address (P.O. Box Number is Not Acceptable) 2805 JUNCTION RD APOPKA, FL 32712 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TELLE ☐ Change Addition GONZALEZ, BLANCA N NAME NAME STREET ADDRESS 2805 JUNCTION RD STREET ADDRESS APOPKA, FL 32712 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME OROZCO, ADAN NAME STREET ADDRESS 2805 JUNCTION RD STREET ADDRESS CITY-ST-7IP APOPKA, FL 32712 CITY-ST-ZIP TITLE Detete TITLE ☐ Change ■ Addition OROZCO, JACINTO NAME NAME STREET ADDRESS 2805 JUNCTION RD STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP T/ITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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 trutted 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 accurate and other like empowered.

SIGNATURE:

SIGNATURE A

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR