


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90470 032 ***150.00

DOCUMENT # P04000051770

1. Entity Name
JAYBEE CONSTRUCTION INC.



Principal Place of Business
**15221 NW 147TH AVE
 ALACHUA, FL 32615**

Mailing Address
**15221 NW 147TH AVE
 ALACHUA, FL 32615**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 1691
 Suite, Apt. #, etc.
#

City & State
ALACHUA, FL

City & State
ALACHUA, FL

Zip
32616

Country
USA

00020600



04262007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0947129

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BUTTRAM, MARTIN
15221 NW 147 AVE
ALACHUA, FL 32615

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete
NAME BUTTRAM, MARTIN	
STREET ADDRESS P O BOX 1691	
CITY-ST-ZIP ALACHUA, FL 32615	
TITLE PVST	<input type="checkbox"/> Delete
NAME BUTTRAM, MARTIN	
STREET ADDRESS 15221 NW 147TH AVE	
CITY-ST-ZIP ALACHUA, FL 32615	
TITLE SD	<input type="checkbox"/> Delete
NAME BUTTRAM, MARTIN J JR.	
STREET ADDRESS 15221 NW 147TH AVE.	
CITY-ST-ZIP ALACHUA, FL 32615	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Martin Buttram **MARTIN BUTTRAM** 4/27/07 ³⁵² 284-2977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #