

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90278 021 ***150.00

DOCUMENT # P04000080572

1. Entity Name

JESTER CONSTRUCTION, INC.



Principal Place of Business

912 SW SPRUCE RD.
FT. WHITE FL 32038
US

Mailing Address

912 SW SPRUCE RD.
FT. WHITE FL 32038
US



2. Principal Place of Business

912 SW SPRUCE RD

Suite, Apt. #, etc.

3. Mailing Address

912 SW SPRUCE RD.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

FT. WHITE FL

City & State

FT. WHITE FL

4. FEI Number

20-1171141

Applied For

Not Applicable

Zip

32038

Country

US

Zip

32038

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JESTER, BYRON L
912 SW SPRUCE RD.
FT. WHITE FL 32038

7. Name and Address of New Registered Agent

Name **SAME**

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

Jester, Byron L

(NOTE: Registered Agent signature required when reinstating)

DATE

April 12 2005

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME JESTER, BYRON L
STREET ADDRESS 912 SW SPRUCE RD.
CITY-ST-ZIP FT. WHITE FL 32038

TITLE ☐ Delete
NAME JESTER, BYRON L
STREET ADDRESS 912 SW SPRUCE RD.
CITY-ST-ZIP FT. WHITE FL 32038

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2005

Date

Daytime Phone #

352 871-2891