2005 FOR PROFIT CORPORATION

Jan 12, 2005 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P04000098847 01-12-2005 90002 017 ***150.00 1. Entity Name JT CONSTRUCTION & DESIGN, INC. Principal Place of Business Mailing Address 50001616 8700 A.D. MIMS RD. 8700 A.D. MIMS RD. ORLANDO, FL 32818 ORLANDO, FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01102005 Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TURK, JOHN Street Address (P.O. Box Number is Not Acceptable) 8700 A.D. MIMS RD. ORLANDO, FL 32818 City 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. DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change Addition TITLE Delete TURK, JOHN NAME MARKE 8700 A.D. MIMS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32818 CITY-ST-ZIP Delete ☐ Channe ☐ Addition TITLE TITLE LLOYD, TOM NAME NAME 8700 A.D. MIMS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32818 CITY-ST-ZIP ☐ Delete Change TIDE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 attachm

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

1m F

NAME STREET ADDRESS

☐ Delete

Change

☐ Addition

FILED