FILED
May 31, 2005 8:00 am
Secretary of State

04-25-2005 90240 004 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

66020000

04072005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000101553

1. Entity Name
J.A.T. CONSTRUCTION SERVICES, INC

Principal Place of Business	Mailing Address
P O BOX 476 MYAKKA CITY, FL 34251 US	P O BOX 476 MYAKKA CITY, FL 34251 US

2. Principal Place of Business	3. Mailing Address
10401 289th Street	10401 289th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Myakka City, FL	Myakka City, FL
City & State	City & State
Zip 34251 County Manatee	Zip 34251 County Manatee

4. FEI Number 20-1336187 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAY, JIM
3984 MANATEE AVE EAST
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name: Tripppe, James A
Street Address (P.O. Box Number is Not Acceptable): 10401 289th Street
City: Myakka City FL Zip Code 34251

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRIPPE, JAMES A 30755 SHADY LANE TERRACE MYAKKA CITY, FL 34251 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kelly Goldsberry PO Box 72 Myakka City, Fl 34251 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Date Daytime Phone #