

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90204 047 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000101553					
1. Entity Name J.A.T. CONSTRUCTION SERVICES, INC					
Principal Place of Business 10401 289TH STREET MYAKKA CITY, FL 34251 US			Mailing Address 10401 289TH STREET MYAKKA CITY, FL 34251 US		
2. Principal Place of Business 1105 Hagle Park Road Suite, Apt. #, etc. Bradenton, FL City & State			3. Mailing Address 1105 Hagle Park Road Suite, Apt. #, etc. Bradenton, FL City & State		
Zip 34212		Country Manatee		4. FEI Number 20-1336187 Applied For Not Applicable	
Zip 34212		Country Manatee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIPPE, JAMES A 10401 289TH STREET MYAKKA CITY, FL 34251				7. Name and Address of New Registered Agent Name Trippe, James A Street Address (P.O. Box Number is Not Acceptable) 1105 Hagle Park Road City Bradenton, FL FL Zip Code 34212	
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 reappointing.) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$800.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GOLDSBERRY, KELLY P O BOX 72 MYAKKA CITY, FL 34251 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Hrabal, Cully PO Box 237 Myakka City, FL 34251 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Goldsberry, Kelly 1105 Hagle Park Road Bradenton, FL 34212 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>James A Trippe</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-24-06 941-219-9595 Date Daytime Phone		