2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104222

5417 BRICKELL DRIVE

NORTH PORT, FL 34286

Address: City-St-Zip: FILED Jan 12, 2009 Secretary of State

Entity Nan	ne: J. S. TOM	ISON CON	ISTRUCTION INC.			
Current Principal Place of Business:				New Principal Pla	ce of Business:	
	KELL DRIVE DRT, FL 3428	6				
Current Mailing Address:				New Mailing Addr	ress:	
P.O. BOX 7 NORTH PO	'250 DRT, FL 3429(0				
FEI Number:	26-0091267	FEI Numb	er Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Addres	Name and Address of New Registered Agent:	
THOMPSON, CHRISTOPHER 5186-35TH AVE NORTH SAINT PETERSBURG, FL 33710 US				1976 KANSAS AVE	THOMPSON, CHRISTOPHER 1976 KANSAS AVE. SAINT PETERSBURG, FL 33703 US	
The above in the State		submits this	s statement for the pu	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: CHRISTOPHER THOPMSON					01/12/2009	
Electronic Signature of Registered Agent				nt	Date	
Election Carr	paign Financing	Trust Fund	Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D () THOMPSON, JO 5417 BRICKELI NORTH PORT,	L DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP/T () THOMPSON, JO 5417 BRICKELI NORTH PORT,	L DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () THOMPSON, JO	Delete DHN J		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN J. THOMPSON **PRES** 01/12/2009