2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State 05-02-2008 90171 035 ***150.00

Prioritional Place of Business Maj High Address PO BOX 6311 US PO BO	DOCUMENT # P04000150042 1. Entity Name RM GIL CONSTRUCTION OF JAX INC.			03-02-200	8 901/1 033 ***13	0.00
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State A. FEI Number Applied For Nan Applicable Policy Nan Applicable Policy Nan Applicable Nan Applica	1740 POPLAR DR	PO BOX 6311	236-6311 US		TIBL HADA BYYN DYNI BBYY DIBID NA	19 2 1 (1 1 0 01
City & State Country Country Country City Country See Required Fine Req	2. Principal Place of Business - No P.O. Bo	ox # 3. Mailing Address				
Zip Country Zip Country S. Conflex S. Confliction of Status Desired S. 7.5 Additional Per Required G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 6. New Agent 7. Name and Addres	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E034 (12/06)	
S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required Street Address of Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box N	City & State	City & State	City & State		<u> </u>	
DEMORAES, GILMA 1740 POPLAR DR ORANGE PARK, FL 32073 City FL Zip Code	Zip Country	Zip	Country	5. Certificate of Status Desired		
DEMORAES, GILMA 1740 POPLAR DR ORANGE PARK, FL 32073 City FL Zip Code	6. Name and Address of	Current Registered Agent	Name	7. Name and Address of New	Registered Agent	
City FL Zip Code a. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature hoed or putter name af registered agent. PART						
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Ingent or present agent and line / hoppication (nOTE-Registered Agent granular requires where retristing) DATE			Street Address	(P.O. Box Number is Not Acceptat	oie)	
B. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Type or printed rare of registered agent and list if expirately the obligations of registered agent and list if expirately the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Trust Fund Combution.	,			·-		
SIGNATURE Superior period rame of registered agent. SIGNATURE Superior period rame of registered agent and life if applicable. (NOTE: Registered Agent signature required when recession) DATE					r _L	
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS		tement for the purpose of changing its	registered office or registe	ered agent, or both, in the State of F	lorida. I am familiar with,	and accept
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURESignature, typed or printed name of regin	stered agent and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating)	DATE	
TITLE	FILE NOW!!! FEE IS \$150 After May 1, 2008 Fee will be	/·UU		5.00 May Be ided to Fees		
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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 an other rike empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR