

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90267 048 ***150.00

DOCUMENT # P04000155328 1. Entity Name J & L CUSTOM CONSTRUCTION, INC.			
Principal Place of Business 1000 SW 15TH STREET OKEECHOBEE, FL 34974 US		Mailing Address 1000 SW 15TH STREET OKEECHOBEE, FL 34974 US	
2. Principal Place of Business 523 NE 575 St Suite, Apt. #, etc.		3. Mailing Address P.O. Box 116910 Suite, Apt. #, etc.	
City & State Old Town, FL Zip Country 32680 US		City & State Okeechobee, FL Zip Country 32680 US	
4. FEI Number 20-1880704		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIAZZA, JACOB D 10600 BLOOMFIELD DR APT 1223 ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name Jacob Piazza Street Address (P.O. Box Number is Not Acceptable) 523 NE 575 St City Old Town FL Zip Code 32680	
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 Jacob D Piazza, VP 01/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 O'CONNOR, LESLIEANN H 1000 SW 15TH STREET OKEECHOBEE, FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Leslieann H. O'Connor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 523 NE 575 St Old Town, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIAZZA, JACOB D 10600 BLOOMFIELD DR ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jacob D Piazza 523 NE 575 St Old Town, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Leslieann H O'Connor 523 NE 575 St Old Town, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jacob D Piazza 523 NE 575 St Old Town, FL 32680
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: Leslieann H O'Connor 01/12/06 352-542-4904 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			