

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000155328 1. Entity Name J & L CUSTOM CONSTRUCTION, INC.				FILED 08 NOV 13 PM 2:52 CLERK OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 523 NE 575 ST OLD TOWN, FL 32680 US		Mailing Address P.O. BOX 1690 OLD TOWN, FL 32680 US			
2. Principal Place of Business - No P.O. Box # 613 N. Main St Suite, Apt. #, etc.		3. Mailing Address PO Box 1098 Suite, Apt. #, etc.			
City & State Chiefland, FL Zip Country 32626 US		City & State Chiefland, FL Zip Country 32644 US		4. FEI Number 20-1880704	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent PIAZZA, JACOB D 523 NE 575 ST OLD TOWN, FL 32680			
7. Name and Address of New Registered Agent Name Jacob D Piazza Street Address (P.O. Box Number is Not Acceptable) 613 N. Main St City Chiefland FL Zip Code 32626		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, VPS 11/12/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		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	PT PIAZZA, LESLIEANN H 523 NE 575 ST OLD TOWN, FL 32680	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Leslieann H Piazza 613 N. Main St Chiefland, FL 32626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PIAZZA, JACOB D 523 NE 575 ST OLD TOWN, FL 32680	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Jacob D Piazza 613 N. Main St Chiefland, FL 32626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Piazza, PT 11/12/08 352-493-0029 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					