## 2007 FOR PROFIT CORPORATION \_\_\_\_ANNUAL REPORT

**FILED** Apr 18, 2007 08:00 AM Secretary of State

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1. Entity Name

EMJ CONSTRUCTION COMPANY, INC.



Principal Place of Business

Mailing Address

12377 SONDRA COVE TRAIL NORTH JACKSONVILLE, FL 32225

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DO NOT WRITE IN THIS SPACE

04092007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 13-4290127 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASINOVIC, ELVIS 12377 SONDRA COVE TRAIL NORTH JACKSONVILLE, FL 32225

## DO NOT WRITE IN THIS SPACE

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									
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
NITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P MASINOVIC, JASMIN 12377 SONDRA COVE TRAIL NORTH JACKSONVILLE, FL 32225	1							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000715643 04/27/07-80073-008 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE					
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS									

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 eath; 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 attackment with an address, with all place in the empowered.

SIGNATURE: