2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 16, 2007 08:00 AM Secretary of State **DOCUMENT # P05000035924** 1. Entity Name JOHN'S CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 1403 W MANGO ST 1403 W MANGO ST LANTANA, FL 33462 LANTANA, FL 33462 No Chg-P CR2E034 (11/05) 07112007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2503695 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE ARAUJO, JOHN 1403 W MANGO ST LANTANA, FL 33462 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. PST me ARAUJO, JOHN NAME STREET ADDRESS 1403 W MANGO ST CITY-ST-ZIP LANTANA, FL 33462 U00000768807 TELE .07/16/07-80002-007 150.00 NAME ARAUJO, JOHN STREET ADDRESS 1403 W MANGO ST LANTANA, FL 33462 CITY-ST-7IP THLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIILE NAME STREET ADDRESS CITY - ST - ZIP and an install the state of the INLE HAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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: _

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SCHANGE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

7-10-07

<u>561-723-5953</u>

FILED