

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051262

Entity Name: JRA CONTRACTING, INC.

FILED
Sep 06, 2006
Secretary of State

Current Principal Place of Business:

5220 COUNTY RD. 579, #94
SEFFNER, FL 33584

New Principal Place of Business:

11516 GALWAY RD
SEFFNER, FL 33584

Current Mailing Address:

5220 COUNTY RD. 579, #94
SEFFNER, FL 33584

New Mailing Address:

11516 GALWAY RD
SEFFNER, FL 33584

FEI Number: 83-0431487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, JAMES
5220 COUNTY RD. 579, #94
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

ALDERMAN, JAMES
11516 GALWAY RD
SEFFNER, FL 33584 US

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.

SIGNATURE:

09/06/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALDERMAN, JAMES
Address: 5220 COUNTY RD. 579, #94
City-St-Zip: SEFFNER, FL 33584

Title: STD () Delete
Name: STANNARD, PATRICIA
Address: 5220 COUNTY RD. 579, #94
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALDERMAN, JAMES
Address: 11516 GALWAY RD
City-St-Zip: SEFFNER, FL 33584

Title: STD (X) Change () Addition
Name: STANNARD, PATRICIA
Address: 11516 GALWAY RD
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICA STANNARD

STD

09/06/2006

Electronic Signature of Signing Officer or Director

Date