


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90047 016 ***150.00

DOCUMENT # P05000086145	
1. Entity Name JBEE CONSTRUCTION, INC.	

Principal Place of Business 1735 77TH AVENUE NORTH ST. PETERSBURG, FL 33702	Mailing Address 1735 77TH AVENUE NORTH ST. PETERSBURG, FL 33702
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40060961



2. Principal Place of Business - No P.O. Box # 515 N. MYRTLE AVE	3. Mailing Address 515 N. MYRTLE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03202008 Chg-P CR2E034 (12/06)

City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33755	Zip 33755
Country	Country

4. FEI Number 14-1942980	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOVA, JAMES A 1735 77TH AVENUE NORTH ST. PETERSBURG, FL 33702	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOVA, JAMES A		NAME BOVA, JAMES A	
STREET ADDRESS 1735 77TH AVENUE NORTH		STREET ADDRESS 801 ALAMANDA DR	
CITY-ST-ZIP ST. PETERSBURG, FL 33702		CITY-ST-ZIP LARGO, FL 33770	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOVA, JAMES A		NAME	
STREET ADDRESS 7727 17TH WAY NORTH		STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG, FL 33702		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOVA, RENNIE		NAME BOVA, RENNIE	
STREET ADDRESS 1735 77TH AVENUE NORTH		STREET ADDRESS 801 ALAMANDA DR	
CITY-ST-ZIP ST. PETERSBURG, FL 33702		CITY-ST-ZIP LARGO, FL 33770	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOVA, RITA		NAME	
STREET ADDRESS 7727 17TH WAY NORTH		STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG, FL 33702		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4-4-08

✓ 727-466-0200