2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P05000134583

1. Entity Name

JOCELIA CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
975 DOUGLAS ST. SE PALM BAY FL 32909	975 DOUGLAS ST. SE PALM BAY FL 32909

2. Principal Place of Business   *DOUGLAS ST SE*

Suite, Apt. #, etc.   *975*

City & State   *PALM BAY FL*

Zip *32909*   Country *BREVARD*

3. Mailing Address   *SAME*

Suite, Apt. #, etc.

City & State

Zip   Country

2nd MOORE   CR2E034 (4/06)

4. FEI Number   *42168069 1*   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, JOSEPH
975 DOUGLAS ST. SE
PALM BAY FL 32909

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

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 NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, JOSEPH 975 DOUGLAS ST. SE PALM BAY FL 32909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ 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: *JOSEPH GARDNER*   *Joseph S.*   *8-15-06*   *321-431-1067*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #